

d. **FINANCIAL AID FROM GOVERNMENT AGENCY, PRIVATE FOUNDATION, BANK OR OTHER AGENCY** \$ _____
 Enclose a validated copy of your award from your sponsoring agency.

e. **FINANCIAL SUPPORT FROM THE UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER** \$ _____
 Enclose a copy of your award letter or identify the department or the specific source of the funds.

f. **OTHER FINANCIAL AID** \$ _____
 Enclose validated affidavit from authorized person or organization.

TOTAL SUPPORT FOR THE FIRST YEAR AT THE UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER \$ _____

No application will be considered complete unless accompanied by proper certification as indicated in the form of a bank statement, guarantee from sponsor, affidavit of support, guarantee from sponsor, affidavit of support, etc.

Bank statement or sponsor's certification is enclosed _____ or will be sent _____.

REQUIRED SIGNATURE

BY SIGNING MY NAME TO THIS FORM, I CERTIFY THAT THE INFORMATION ABOVE IS A CORRECT STATEMENT OF MY ARRANGEMENTS FOR FINANCING MY STUDIES AT THE UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER.

Date: _____ Applicant's Signature: _____

AFFIDAVIT OF SUPPORT

In consideration of an in exchange for acceptance of _____ who
 (Name)
 is my _____, as a student at the University of Colorado Health
 (indicate relationship)
 Sciences Center for the academic year beginning _____, I certify that I am
 (Date)
 able, willing, and do promise to provide him/her the minimum amount of \$ _____ payable in
 U.S. dollars for his/her tuition, fees, and living expenses during said academic year at the University of
 Colorado Health Sciences Center. Evidence of my financial resources in the form of a bank statement
 or employer's statement accompanies the affidavit of support.

Signature of Sponsor: _____
 Address of Sponsor: _____

Sworn to and subscribed before me this _____ day of _____
 (Month)

 (Signature of Notary Public) (place notary's seal here)