



AFFIDAVIT OF SPONSORSHIP

NOTE: This form must be notarized. If it is not notarized, the application is considered incomplete and an I-20 will not be issued. This form is valid for 6 months only for the purpose of issuing an I-20.

I will provide US\$ _____ to the student named below for each month of study at Conversa Language Center. I am including documents that prove I have this money. These documents may be bank statements, a letter from my company or agency indicating my monthly salary, tax returns and other assets.

Name of the Student _____

My relationship to the student is _____

My full address is _____

The following are all of the persons who are dependent upon me for their housing, food, or financial support. DO NOT INCLUDE PERSONS WHO SUPPORT THEMSELVES. DO NOT INCLUDE THE STUDENT NAMED ABOVE.

NAME	RELATIONSHIP TO ME	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFIRMATION OR OATH OF SPONSOR

I hereby affirm or swear that the contents of the above statement are true and correct.

Signature of sponsor _____

Name of sponsor printed _____

NOTARIZATION/CERTIFICATION

SWORN AND SUBSCRIBED BEFORE ME THIS _____ OF _____, 200__.

Signature of Notary _____ (Seal)

My commission Expires _____

This form must be returned directly to: Conversa Language Center, 817 Main Street, Cincinnati, Ohio 45202 Fax: 1-513-665-3792