

Note:

1. Current financial support amount to attend SPC is **\$10,500 USD**.
2. An additional **\$2000 USD** is required for any dependents.

Financial Support Affidavit

Section 1 – Student Information *(Please print)*

Student Name _____

Family Name
First Name
Middle Name

Program of Study _____ Start Semester _____

Section 2 – Statement of Financial Support *(Please print)*

List of sources and amounts (in U.S. dollars) of financial support

1. Funds from Family or Others: _____ \$ _____
 Name of Sponsor: _____
 Relationship to Student: _____
2. Funds from Family or Others: _____ \$ _____
 Name of Sponsor: _____
 Relationship to Student: _____

Section 3 – Verification of Financial Support *(Please print)*

A. I, _____, certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission.

Student's Signature (REQUIRED) _____ **Date**

B. This is to certify that I/we the undersigned have agreed to provide the funds indicated above to the student for the purpose of full-time study at South Plains College and that I/we are submitting bank/financial documents indicating the availability of these funds. We agree to maintain financial support for the above-named student during his/her attendance at South Plains College.

1. _____ _____ **Date**
Sponsor's Signature (REQUIRED)
 _____ _____ **Phone No.**
Address
2. _____ _____ **Date**
Sponsor's Signature (REQUIRED)
 _____ _____ **Phone No.**
Address