

Complete and submit to:
Gordon-Conwell Theological Seminary
Doctor of Ministry
130 Essex St.
South Hamilton, MA 01982

Affidavit of Support: Parent, Family, or Private Sponsor

To Be Completed by Supporter/Sponsor

Name of the Student You Are Supporting _____

Last/Family Name

First Name

Middle Name

Supporter Information _____

Last/Family Name

First Name

Middle Name

Date of Birth

House Number and Street

City

State or Province

Postal Code

Phone Number

Email Address

Please answer the following questions:

What is your relationship to this student? _____

What is your reason for supporting this student? _____

Have you submitted all required financial documents proving your ability to support this student? Yes No

Have you indicated the student's name on all financial documents? Yes No

Please attach any statements or further information describing conditions of/criteria for this support (Optional).

Please complete the required information below:

I, _____, will provide **financial support** for this applicant's educational and living expenses
Your Name

during his/her studies at Gordon-Conwell Theological Seminary. As verification that funding is available, I have attached original bank statement(s).

Amount per year \$ _____; **OR** Amount per month \$ _____

Is this support renewable each year? Yes No

I certify my support of the above mentioned individual during his/her study at Gordon-Conwell Theological Seminary. This funding is available in the terms stated above.

Signature _____ Date _____