

Complete and submit to:  
Gordon-Conwell Theological Seminary  
Assistant Director of Student Life  
130 Essex St.  
South Hamilton, MA 01982

# Affidavit of Support: Parent, Family, or Private Sponsor

## To Be Completed by Supporter/Sponsor

<b>Name of the Student You Are Supporting</b>			
_____	_____	_____	_____
Last/Family Name	First Name	Middle Name	
<b>Supporter Information</b>			
_____	_____	_____	_____
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 \_\_\_\_\_