

DECLARATION BY FINANCIAL SPONSOR

Louisiana State University Shreveport
Office of Admissions and Records
One University Place
Shreveport, LA 71115-2399

Phone: (800) 229-5957 (In-state only) or (318) 797-5204
Fax: (318) 797-5286

Note: This declaration **MUST** be accompanied by an original bank letter or statement, or other original documentary proof certifying that the sponsor has available an amount equal to or greater than the U.S. dollar figure promised below.

I, _____, financial guarantor for
print sponsor's name

print applicant's name

certify that I will provide financial support for the above named applicant for educational costs and living expenses. *I certify that he or she will not become a public charge during his or her stay in the United States of America.*

I am aware that the estimated funds in United States dollars needed for 12 months of study at Louisiana State University in Shreveport is \$30,889 for graduate students and \$31,689 for undergraduate students. I am also aware that these costs are estimates and subject to change without prior notices. I intend to provide support in the amount of U.S. \$ _____ per year to the above named applicant.

I certify that all information provided on this affidavit and on the attached document(s) proving availability of funds is true and valid. I further certify that I understand this affidavit is a binding document.

Sponsor's signature

Date