

Andrews University

Sponsorship Payment Form

Student's Name: _____
Family/Last Name *First/Given Names*

Sponsor's Name/Company: _____

Sponsor's Relationship to Student: _____

Duration of Sponsorship (e.g. 1 yr, 2 yrs, etc) _____

Total Funds Given in the FIRST YEAR: _____

Currency of Bank Statements: _____

This document verifies that I am willing and able to financially support the above named student
(and their family, if applicable) for tuition, fees, insurance and other required expenses in the amount
of US \$ _____

I will also include official documentation of available funds to verify my statement above as true.

The following is a payment schedule I plan to adhere to throughout the school year:

Date: _____	Amount to be Paid: _____
Date: _____	Amount To Be Paid: _____
Date: _____	Amount To Be Paid: _____
Date: _____	Amount To Be Paid: _____
Date: _____	Amount To Be Paid: _____
Date: _____	Amount To Be Paid: _____
Date: _____	Amount To Be Paid: _____
Date: _____	Amount To Be Paid: _____

Sponsor's Signature _____

Date Signed _____