



List **ONLY** those family members/dependents who will travel with you to the United States.

| Family Name | Given Name | Date of Birth | Country of Birth | Country of Citizenship | Spouse, Son, or Daughter |
|-------------|------------|---------------|------------------|------------------------|--------------------------|
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Applicant: It is not necessary to complete this page if your support is coming from your own personal funds. If you are receiving sponsored support, then all fields below must be filled out.

ABOUT THE SPONSOR

Full Name _____

Relationship to Applicant _____

Country of Citizenship _____

If you are not a U.S. citizen and you have a U.S. address:

 Visa Type: _____

Are you a student? Yes No

SPONSOR'S CONTACT INFORMATION

Email _____

Phone (if in U.S.) _____

Mailing Address _____

City _____ State/Province _____ Postal Code _____

Country _____

SPONSOR'S BANK

Name of Bank _____

Location of Bank _____

SPONSOR'S AFFIDAVIT

I hereby guarantee without reservation to maintain and support (*student's name – required*) _____ for educational costs and living expenses while this student is enrolled in UNO. I understand that the applicant, if accepted to UNO, will be a full-time student who may not accept off-campus employment unless permission is granted. This permission is hard to obtain and must not be assumed to be available.

I hereby promise to provide (*amount – required*) U.S. \$ _____ for the first year of study. I will arrange to provide a major portion of the money to the student at the time of arrival to include housing costs, insurance, books, and tuition.

I certify that the information and guarantee provided on this page is accurate, complete, and true. Any information given falsely or withheld will affect the decision on the student's application and may make the student ineligible for enrollment.

Sponsor's Signature

Date

Applicant's Signature

Date