

106 South 6th Street Forest City, Iowa 50436 Tel: (641)585-8116 Fax: (641)585-8125 admissions@waldorf.edu

AFFIDAVIT OF SUPPORT

(Address)		
(Signature)	(Date)	(E-Mail/Telephone)
I understand that Waldorf University w initial financial aid package. I am signir remaining balance due on the student's	ng this form with full accountab	• •
TOTAL AMOUNT OF GUARANTEED	O SUPPORT per NINE MONTH P	ERIOD:
My support is Personal Expenses:YesNo Health Insurance:YesNo		Tuition: Yes No Books: Yes No
application, whose relationship to me is	3	
Waldorf University. I,	, am certifyir	ng my financial support of his/her
This statement is in support of		who is a prospective student at
STATEM	IENT from FAMILY or SPONS	OR
All proper endorsements and signature evidence of financial support is required not be older than three months when so	d to be attached to this docume	
This form is to be used in support of _ University.	in his/h	er application to attend Waldorf