

AFFIDAVIT OF FINANCIAL SUPPORT

Date: (MM/DD/YYYY	<u>) </u>	
To: California State Uni	versity, Los Angele	s (Semester in LA Program)
To Whom It May Conce	rn:	
each applicant to show	a minimum of US\$1	os Angeles, Semester in Los Angeles (SILA) Program requires 17,504 per semester to fund her/his school and living olled at California State University, Los Angeles.
I guarantee that \$	(USI) per semester will be available for
Student Family Name		Student First Name
These funds are (<i>choose</i> States.	e one) o in the US	\circ outside the US $$ and available for transfer to the United
my knowledge and that University, Los Angeles (University, Los Angeles (incomplete or false. I wi	I will have the funds SILA Program). I u SILA Program) may ill notify the student	information indicated in this statement is true to the best of s stated above for the student to attend California State nderstand that the student's enrollment at California State be jeopardized if any information indicated here is found to be so s/he can notify California State University, Los Angeles by changes to my financial situation"
Sponsor's name (prin	Last name	First name
Sponsor's signature: _		
Relationship to stude	nt:	