

Note:

1. Current financial support amount to attend SPC is **\$15,000 USD**.
2. An additional **\$5,000 USD** is required for any dependents.

Financial Support Affidavit

Section 1 – Student Information *(Please Print)*

Student Name _____
Last/Family Name
First Name
Middle Name

Program of Study _____ First Semester at SPC _____

Section 2 – Statement of Financial Support *(Please Print)*

List of sources and amounts (in U.S. dollars) of financial support

1. Funds from Family or Others: _____ \$ _____
 Name of Sponsor: _____
 Relationship to Student: _____
2. Funds from Family or Others: _____ \$ _____
 Name of Sponsor: _____
 Relationship to Student: _____

Section 3 – Verification of Financial Support *(Please Print)*

A. I, _____, certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission.

Student's Signature (REQUIRED) _____
Date

B. This is to certify that I/we the undersigned have agreed to provide the funds indicated above to the student for the purpose of full-time study at South Plains College and that I/we are submitting bank/financial documents indicating the availability of these funds. We agree to maintain financial support for the above-named student during his/her attendance at South Plains College.

1. _____
Sponsor's Signature (REQUIRED) _____
Date

Address _____
Phone No.

2. _____
Sponsor's Signature (REQUIRED) _____
Date

Address _____
Phone No.