

Yale SCHOOL OF NURSING
Office of Financial Aid

Student Sponsorship Affidavit
Academic Year 2022-2023

400 West Campus Drive
Orange, CT 06477
PO Box 27399
West Haven, CT 06516-9072

T 203-737-1790
T 203-737-3868
F 203-436-9761
nursing.yale.edu
ysnfinancialaid@yale.edu

Directions: Sponsor must attach bank statements or financial documents in their name to demonstrate that funds are available.

Form must be completed in black or blue ink to be processed. Completed applications may be emailed to YSNfinancialaid@yale.edu, faxed to 203-436-9761 or mailed to Office of Student Affairs, Yale School of Nursing, P.O. Box 27399, West Haven, CT 06516-9072

Section 1: Student Information		
First Name:	Middle Initial:	Last Name:
Section 2: Sponsor Information		
First Name:	Last Name:	Phone Number:
Relationship to Student:		
Section 3: Financial Information		
<p>I confirm that I will be sponsoring the above-named student during their entire period of study at Yale. I will be providing \$ _____ over the course of my program to help cover their tuition and living expenses with the student I-20/DS-2019 request.</p> <p>Please see the enclosed bank statements/financial documents under my name that demonstrate I have the funds state above.</p>		
Section 5: Certification		
Signature of Sponsor _____ Date _____		
Signature of Student _____ Date _____		
<p>I hereby certify that the information given is true and complete. I agree to notify the Financial Aid Office immediately of any changes and understand that my aid may change as a result.</p>		