



2023-2024 Financial Affidavit
International Graduate Students - Master of Arts in Clinical Mental Health Counseling





Section II - to be completed by financial sponsor

Name of Sponsor (in Print)

Name of student (in Print)



Section III - to be completed only if there are dependents

Dependents information

Dependent D1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
as Beneficiary on Assets - Each co-tenant		Family	First	Middle	
Month/Day/Year			City/Country		
Dependent D2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
as Beneficiary on Assets - Each co-tenant		Family	First	Middle	
Month/Day/Year			City/Country		
Dependent D3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
as Beneficiary on Assets - Each co-tenant		Family	First	Middle	
Month/Day/Year			City/Country		
Dependent D4) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
as Beneficiary on Assets - Each co-tenant		Family	First	Middle	
Month/Day/Year			City/Country		