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- Personal Family Funds \$ _____

- Government Funds (if applicable) \$ _____

- Athletic Funds \$ _____

- Other \$ _____

This certificate must be completed by the legal guardian or sponsor of the student named above.

I _____ Certify that I am able, willing and do promise to

provide _____ no less than U.S. \$ _____ per year to meet his/her expenses during each year of study at Fairfield University

Relation to the student _____

I promise that the information I have provided above is true and understand that I will have a financial responsibility to support the student named above during the length of the student's program at Fairfield University.

Sponsor / Parent / Guardian Signature

MONTH / DAY / YEAR

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