

SPONSORSHIP DECLARATION FORM



TO WHOM IT MAY CONCERN

Please print neatly in BLOCK LETTERS using BLACK INK

Person Making Declaration

I _____ name of sponsor _____ declare that I will
_____ name of proposed student _____ for the period of their study at
PHCA College.

INFORMATION-SPONSORS

| | | | |
|--------------------|-------------------------------------------------|-------------------------|--|
| Current Occupation | | Current Employers Name: | |
| Current Address: | | | |
| Contact Phone: | Mobile | Nationality | |
| Annual Income: | Amount of money held in current saving account: | | |

PROPOSED STUDENT INFORMATION

| | |
|----------------------------------|-------------------------------------|
| Name of Proposed Student: | Relationship with Proposed Student: |
| Nationality of proposed student: | Proposed Course/s of Study: |
| Proposed Study Commencement Date | Proposed Study End Date |

I understand that by agreeing to sponsor _____ I will be providing them with full financial support up to the amount of approximately *(Covering living expenses, tuition fee for one year plus return airfare)*.

SPONSORS FAMILY BACKGROUND SPONSORS

Please list your immediate family members and their current country of residence?

| Name | Relationship | Age | Country | Occupation |
|------|--------------|-----|---------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

REASON FOR SPONSORSHIP

Why do you want to sponsor the student?

Name of Financial Sponsor

Signature of Financial Sponsor

Date: ____ / ____ / ____