





**Sponsor Information (To be completed by sponsor)**

Full Legal Name :   
Last/Family                      First/Given                      Middle

Email                       Phone Number

Address

Applicant's Name

Relationship to Applicant

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I certify that I am willing and able to provide \$\_\_\_\_\_ USD every year for the applicant while they study at DCCC. I agree to provide official documentation of my financial resources.

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**Sponsor's Signature**

**Date**

Statement signed and sworn before me:



Affix Stamp or Seal

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SIGNATURE OF NOTARY PUBLIC OR BANK OFFICIAL

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ADDRESS