



AMERICAN UNIVERSITY
SCHOOL OF MEDICINE
ARUBA

Letter of Financial Support

I hereby certify that I am responsible for the required cost for _____
(Student's name)

to attend AUSOMA and I have provided the attached bank statement as documentary evidence demonstrating financial ability.

Financial Sponsor

Date: _____

Signature _____

Name (print) _____

Relationship to the Student _____

Address _____

Phone Number _____

E-mail Address _____

****Attach official bank statement.***