# LETTER OF SUPPORT

I certify the financial information and documentation submitted with my application for admission accurately reflects the financial support for the named student to study with Kaplan Medical Programs. My signature certifies that I accept responsibility for the payment of all fees and expenses associated with this student's enrollment with Kaplan. I make this statement for the purpose of assuring Kaplan Medical that the student named will not become a public charge in the U.S.

_____

Name of sponsor (please print)

_____

Signature of sponsor

_____

Name of student (please print)

_____

Day / Month / Year