## **Affidavit of Support**

Re: name			
D.O.B (Date of Birth):			
Application for the Ma	ster of Divinity, NOB	TS	
l,, will s	ponsor	for his studies at New Orleans	
Baptist Theological Sen be trained well as a Ch	ninary in the amount ristian leader at New	t of \$ I will pray that _ Orleans Baptist Theological Seminar	will y.
I have a bank account f	or	I will attach the balance statem	ent of the account for
·			
If you have any questic	on in this matter, you	ı can reach me any time with the follo	owing information.
Date:			
Signature:			
Name:			
Address:			
Telephone:			
E-mail:			

위의 서류양식에 대한 설명을 첨부합니다.

## Affidavit of Support 재정 후원 증명서

Re: name (이곳에는 신청하는 학생의 이름을 적으세요) D.O.B (Date of Birth): (생년 월일을 적으세요) Application for the Master of Divinity, NOBTS I, \_\_\_\_\_\_(재정 후원자 이름), will sponsor \_\_\_\_\_(학생 이름) for his studies at New Orleans Baptist Theological Seminary in the amount of \$\_\_\_\_\_(후원금액) (single:\$20000, 가족:\$26000). I will pray that \_\_\_\_\_(학생 이름) will be trained well as a Christian leader at New Orleans Baptist Theological Seminary. I have a bank account for \_\_\_\_\_(학생이름). I will attach the balance statement of the account for \_\_\_\_\_(학생이름). If you have any question in this matter, you can reach me any time with the following information. Date: (form 작성 날짜) Signature: \_\_\_\_\_ (재정 후원자의 사인) Name: (재정 후원자의 이름) Address: (재정 후원자의 주소) Telephone: (재정 후원자의 전화번호) E-mail: (재정 후원자의 이메일)