

HOUGHTON COLLEGE AFFIDAVIT OF FINANCIAL SUPPORT



(Print all answers except in instances where a signature is required.)

1. I _____, being duly sworn to hereby state that:
(Name of sponsor)

I was born at _____ on _____;
(Town and country) (Date of birth)

I am resident at _____;
(Address)

I am employed as a (occupation) _____;

My employer is (name of company) _____;

2. I understand that _____;
(Name of student)

Who is my _____, has sought admission to Houghton College, whose
(Relationship to student)

direct costs are expected to be \$44,322 (tuition, fees, room and board) (U.S.) dollars for the 2020-2021 academic year (\$22,161 per semester)

- I understand that, while the student may be eligible for Houghton College aid in the form of scholarships or grants, I will be substantially responsible for the cost of tuition, room, board, and for the 2020-2021 academic year.
- I understand that the yearly cost of attendance is expected to increase each year at a rate of 3% on average. I also understand that the annual fees are subject to change without prior notice.
- I acknowledge that the student will be required to pay in-full his/her first semester bill (expenses) before receiving an I-20 student visa. The student's bill must be paid prior to enrollment in each subsequent semester at Houghton College.

A Houghton College education is an important financial investment for any student and his/her supporters. To protect the financial investment of the student and his/her supporters, Houghton College must ensure that sufficient financial support exists before enrolling the student.

Please select the option below that best describes your financial status for funding Houghton College expenses of \$44,322 for the 2020-2021 academic year.

<input type="checkbox"/> <input type="checkbox"/> I can fully or substantially fund the yearly cost. While the student may receive merit-based scholarships or grants, I anticipate the ability to cover either fully or a significant portion of the overall cost of attendance per year.	<input type="checkbox"/> <input type="checkbox"/> I cannot substantially or fully fund the yearly cost. I will need significant financial assistance and understand that if I am not able to provide sufficient funding, the student will not qualify for an I-20 and will not be able to enroll.
--	---

3. In consideration of the above, please indicate below the amount of money that the student and his/her supporters will be able to provide for each year of education at Houghton College.

<u>Year 1 - 2020-2021:</u>	<u>Year 2 - 2021-2022:</u>	<u>Year 3 - 2022-2023:</u>	<u>Year 4 - 2023-2024:</u>
\$ _____	\$ _____	\$ _____	\$ _____

4. Please provide proof of funding for at least the first year of education through an **attached bank statement(s)**.

5. I solemnly and sincerely declare the above facts to be true.

Signature of Sponsor: _____ Date: _____

Subscribed and sworn to this _____ (day) of _____ (month) _____ (year).

*This form and bank statement(s) may be scanned and emailed to admission@houghton.edu