

Affidavit of Financial Support 24-25 (v 9/18/23)

Student Name: _____

Date of Birth: _____

Section 1: Sponsor Information

Name of Sponsor	
Address	
Date of Birth	
Employer	
Occupation	
Relationship to student	

Section 2: Sources of Financial Support
Guaranteed Support (in USD)

<input type="checkbox"/> Sponsor. Please submit an original bank statement from each sponsor verifying amount that is readily available. Complete section 3.	\$
<input type="checkbox"/> Outside Scholarships	\$
<input type="checkbox"/> Houghton University Aid	\$

Section 3: Sponsor Financial Certification

Direct costs for tuition, fees, room, and meals for the 2024-25 academic year are expected to be \$29,790 (USD). The total guaranteed financial support listed above must equal or exceed this amount.

- I acknowledge that I will be substantially responsible for these costs.
- I acknowledge that the yearly cost of attendance may increase each year at an average rate of 5% and that these annual fees are subject to change without prior notice.
- I acknowledge that the student will be required to pay his/her first semester bill in full before arriving on campus. Further semester bills must be paid prior to class registration.

I certify that I am willing and able to financially support this student for the amount indicated below for the length of the student's course of study.

Sponsor Name	Sponsor Signature	Date	Guaranteed Support (in USD)
			\$
			\$
			\$

Section 4: Student Financial Certification

I certify that the amount of funds indicated in section 2 and 3 of this form, and in any financial statements or letters, are available for me to attend Houghton College. Additionally, I have sufficient funding to support each year of my continued attendance as I pursue my degree.

Student Signature _____ Date (mm/dd/yyyy) _____