

## Affidavit of Financial Support 24-25 (v 2/13/24)

(The successful completion of this form will allow the University to issue an I-20, which is required to secure a VISA)

Student Name:	Date of Birth:				
Section 1: Primary Spans	er Information				
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Name of Sponsor					
Address					
Date of Birth					
Employer					
Occupation					
Relationship to student					
Section 2: Sources of Fina	ncial Support		Guaranteed	d Support (in USD)	
	es, room, and meals for the	2024-25 academic yea			
	ed financial support listed be		•		
Primary Sponsor. Com		\$			
☐ Additional Sponsors – Total Contribution			\$		
☐ Total of Outside Scholarships/Other			\$		
☐ Houghton University Aid			\$		
			<u> </u>	_	
Section 3: Sponsor Financ	ial Certification				
that these annual fees  I acknowledge that the campus. Further seme	yearly cost of attendance nare subject to change without student will be required to ster bills must be paid prior able to financially supportures of study.	out prior notice. pay his/her first seme to class registration.	ster bill in fu	ull before arriving on	
length of the student's coo	arse or study.		Gua	ranteed Support (in	
Sponsor Name	Sponsor Signature	Date		USD)	
1.			\$		
2.			\$		
3.			\$		
Please submit an original ba	ank statement from each sp	onsor verifying amour	it that is rea	dily available.	
Section 4: Student Financial C	ertification				
I certify that the amount of fu available for me to attend Hoo continued attendance as I pur	ughton College. Additionally, I	have sufficient funding	to support ea		
Student Signature Date (mm/dd/yyyy)					