HOUGHTON UNIVERSITY

Affidavit of Financial Support 26-27 *(v 9/21/2026)*

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

Section 2: Sources of Financial Support	Guaranteed Support (in USD)
Direct costs for tuition, fees, room, and meals for the 2027-28 academic year are expected to be $41,090 (USD). The total guaranteed financial support listed below must equal or exceed this amount.	
☐ Primary Sponsor. Complete section 3.	$
☐ Additional Sponsors – Total Contribution	$
☐ Total of Outside Scholarships/Other	$
☐ Houghton University Aid	$

Section 3: Sponsor Financial Certification

☐ I acknowledge that I will be substantially responsible for these costs.

☐ I acknowledge that the yearly cost of attendance may increase each year and that these annual fees are subject to change without prior notice.

☐ I acknowledge that the student must pay the first semester bill in full either two weeks before the semester begins or before arriving on campus, whichever comes first. 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 full length of the student's course of study.

Sponsor Name	Sponsor Signature	Date	Guaranteed Support (in USD)
1. (Primary)			$
2.			$
3.			$

Please submit an original bank statement from each sponsor verifying amount that is readily available.

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) _____