

Affidavit of Financial Support 25-26 (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 Sponso	or Information			
Name of Sponsor				
Address				
Date of Birth				
Employer				
Occupation				
Relationship to student				
Section 2: Sources of Fina			uaranteed Support (in USD)	
	es, room, and meals for the	-	•	
	ed financial support listed be	•	d this amount.	
☐ Primary Sponsor. Com	•	\$		
Additional Sponsors – Total Contribution		\$		
☐ Total of Outside Scholarships/Other		\$		
☐ Houghton University Aid		\$	\$	
Costion 2: Changer Finance	ial Cartification			
Section 3: Sponsor Financ	ill be substantially responsit	ala far thasa aasts		
that these annual fees I acknowledge that the	yearly cost of attendance r are subject to change witho student will be required to ster bills must be paid prior	out prior notice. pay his/her first semeste	an average rate of 3% and r bill in full before arriving on	
		rt this student for the amo	ount indicated below for the	
lengthy of the student's co	ourse of study.	1		
Chancer Name	Canada Cianatura	Data	Guaranteed Support (in	
Sponsor Name	Sponsor Signature	Date	USD)	
1. (Primary)			\$	
2. 3.			\$	
Please submit an original ba	ank statement from each sp	onsor verifying amount th		
Section 4: Student Financial C	ertification			
I certify that the amount of fu available for me to attend Hou continued attendance as I pur	ughton College. Additionally, I		nancial statements or letters, are upport each year of my	
Student Signature Date (mm/dd/yyyy)			[/] yyyy)	