HAMLINE UNIVERSITY AFFIDAVIT OF FINANCIAL SUPPORT
FOR INTERNATIONAL STUDENT APPLICANTS

This form must be accompanied by an official bank statement and/or proof of funding (in English or with official translation) from the sponsor listed below. A separate affidavit of support is required for each sponsor or sponsoring organization, including the student if the funds are in the student's own name.

STUDENT INFORMATION
First Name ____________________________________ Last Name ___________________________________________
Date of Birth __________________________________ Hamline Student ID (if known) ___________________________

SPONSOR INFORMATION (must complete part A and part B)
Part A: Select ONE. A separate affidavit of financial support is required for each sponsor or sponsoring organization.
___ I am seeking admission to Hamline University and will be providing my own financial support.
___ I am the parent, guardian, or private sponsor and will be providing financial support for the student listed above.
   First Name ______________________________ Last Name ___________________________________________
   Relationship to the Student (parent, uncle, etc.) ____________________________________________________
   Address _____________________________________________________________________________________
   (street) (city) (state/province) (zip code) (country) ___ I am a representative of a sponsoring organization or government agency which will be providing financial support for the student listed above. I verify that I have the authority to represent the organization and to commit financial support for the student listed above.
   First Name ______________________________ Last Name ___________________________________________
   Name of Sponsoring Organization ________________________________________________________________
   Address _____________________________________________________________________________________
   (street) (city) (state/province) (zip code) (country)

Part B: Indicate the amount of financial support you will provide:
I will provide $___________ (USD) per year to cover all necessary expenses of the student named above, including but not limited to: tuition and fees, health insurance, room and board, and personal/living expenses.
I will provide this amount to the student until _______________ (must be at least one year) or until revoked in writing. (date)

I understand that the full amount due for tuition, fees, health insurance, and other costs related to academic coursework must be paid at the beginning of each semester. I agree to assume financial responsibility for the student as listed above. I understand that costs for tuition, fees, and health insurance are subject to change without notice.

Signature of account holder: _____________________________________________ Date: ______________

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