

## 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: \_\_\_\_\_