

HAMLINE UNIVERSITY

AFFIDAVIT OF FINANCIAL SUPPORT - DEPENDENT(S) FOR INTERNATIONAL STUDENTS APPLICANTS

TO BE COMPLETED BY THE PERSON WHO IS PROVIDING FINANCIAL SUPPORT TO • DEPENDENTS

This form must be accompanied by the sponsor's current official bank statement (in English or Translated by an Official Public Translator) in order for dependents to accompany the student to the U.S.A. The bank statement must have been issued in the past **six months** and show how much money is available in U.S. dollars.

I, _____
_____ (Full name and last names of the person who is providing financial support for the dependents)

Address: _____
_____ (Include **complete** address, City, State, Country, and Postal Code)

Date of Birth: _____ City & Country of Birth: _____
(Month / Day / Year)

Phone Number: (____) _____ Fax number: (____) _____
(Include country and city code) (Include country and city code)

State that I am an adult of sound mind and disposition competent to swear this affidavit.

That I am the (father, mother, uncle, etc— sponsor's relationship **to student**) _____
of (full name and last name **of the student**) _____

who is seeking admission to study at Hamline University in the United States of America and is bringing his/her dependent who is:
(**full name of dependent** and relationship **to the student**): _____

This is to certify that I will assume financial responsibility for the dependent named above, and pay as needed for the expenses and support related to the dependents living in the United States. This financial support must be in U.S. Dollars.

- Financial Support **must be available** in the amount required by the United States Immigration and Naturalization Service (INS) Law for which the dependent has been admitted into and for the period of time which the dependent will be living in the United States.
- The sponsor must fill out a **separate** Affidavit of Support for each dependent who may be accompanying the student and for whom the sponsor will be providing financial support.

I will provide \$ _____ (USD) per year for Health Insurance for the dependent named above.

I will provide \$ _____ (USD) per year for Room and Board for the dependent named above.

I will provide \$ _____ (USD) per year for other personal/living expenses for the dependent named above.

I will provide the above annual amount in U.S. Dollars to the dependent for (number of years) ____ years from 200__ to 200__.

I understand that each semester the Full Tuition, Fees, Health Insurance and other Costs related to academic courses of the student must be paid at time of registration for classes. I understand that the university's acceptance of the primary student is in reliance upon my promise to pay, for the benefit of the student for full tuition, fees and living expenses in U.S. dollars per year, plus cost for accompanying dependents specified, and that I will be held responsible. Costs for academic tuition, fees and other costs are subject to change without notice.

Sponsor's Signature: _____

Date: _____