



AFFIDAVIT OF SUPPORT

STUDENT'S INFORMATION

FIRST NAME

MIDDLE NAME

FAMILY NAME

MAILING ADDRESS:

STREET ADDRESS

CITY

STATE/PROVINCE

COUNTRY

MAILING CODE

DATE OF BIRTH: ____/____/____

COUNTRY OF CITIZENSHIP

MONTH / DAY / YEAR

Signature of Applicant: _____

Date: ____/____/____

TO BE COMPLETED BY THE FINANCIAL SPONSOR

I hereby agree and guarantee without reservation to support the educational costs and living expenses, as indicated below, for the above-named student while enrolled in the English Language Institute at Sacred Heart University. I agree that the student will not become a public charge during his/her stay in the United States. I further guarantee that I can, and will, cover all transportation costs from the student's country of origin to the United States and all costs for the student.

Cost of Education at Sacred Heart English Language Institute:

Fees	ESL Intensive English Program (8 weeks)
Tuition and fees: (20 hours)	\$2,800.00

SPONSOR'S INFORMATION:

FIRST NAME

MIDDLE NAME

FAMILY NAME

RELATIONSHIP TO STUDENT: _____ (PARENT, GUARDIAN, AUNT, UNCLE, COUSIN)

MAILING ADDRESS:

STREET ADDRESS

CITY

STATE/PROVINCE

COUNTRY

MAILING CODE

I am employed, in the business of: _____

Signature of Sponsor: _____

Date: ____/____/____

Please fill out the form, print, sign and date it. Attach a bank statement (dated within the last three months) attesting to your financial status. Bank Statement must be in US Dollars.

Program	Bank Statement Minimum Balance Required
20 hour	\$5,300

Email to esl@sacredheart.edu or mail to:

SACRED HEART UNIVERSITY
ENGLISH LANGUAGE INSTITUTE
5151 PARK AVENUE
FAIRFIELD, CT 06825