



AFFIDAVIT OF SUPPORT

STUDENT'S INFORMATION

First Name: _____

Middle Name: _____

Family Name: _____

MAILING ADDRESS:

Street Address: _____

City: _____

State/ Province: _____

Country: _____

Mailing Code: _____

Country of Citizenship: _____

Date of Birth: _____ / _____ / _____
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 SHELI the ESL program 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 Program (16 weeks)
Tuition: (20 hours)	\$4,800.00

SPONSOR'S INFORMATION:

First Name: _____

Middle Name: _____

Family Name: _____

MAILING ADDRESS:

Street Address: _____

City: _____

State/ Province: _____

Country: _____

Mailing Code: _____

Relationship to Student: _____

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	\$10,000

Email to Maria Douich at douichm@sacredheart.edu or mail to:

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ENGLISH LANGUAGE INSTITUTE
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