

AFFIDAVIT OF SUPPORT

THE PERSON(S) WHO WILL BE PAYING FOR YOUR STUDIES MUST COMPLETE THE FOLLOWING INFORMATION. IF YOU HAVE MORE THAN ONE SPONSOR, EACH PERSON MUST COMPLETE AND SIGN A SEPARATE COPY OF THIS FORM. MAKE A PHOTOCOPY OF THIS FORM FOR EACH SPONSOR TO FILL OUT.

I certify that I am willing and able to pay \$U.S. \$10,528 (Fall Semester), \$11,253 (Spring Semester), or \$6,488 (Summer session) for the English Language Institute educational and living expenses of:

Name of student:

I am attaching to this form an official bank letter to show my ability to pay this money. (See the details about the bank letter above.) I certify that this money can be transferred to the U.S.

In addition, if the student plans to travel to the U.S. with a spouse (wife or husband) and/or children, I certify that I am willing and able to pay the cost of living expenses for the student's dependents. The attached bank letter shows my ability to pay the amounts noted above for the student's spouse and for each child. Please provide information about each dependent below.

I understand that ELI tuition and fees are subject to change at any time. If the amount indicated on the enclosed bank letter is sufficient to cover an increase in fees, I agree to provide the additional support as needed. If the amount on the enclosed bank letter is NOT sufficient to cover an increase in fees, the ELI will notify me and request additional proof of ability to pay.

I guarantee to provide full financial support or partial financial support in the amount of

SPONSOR'S NAME:

(This name must be the same as the name on the account in the bank letter.)

SPONSOR'S SIGNATURE: _____

(Sign your name the way you sign an official document like a check or a letter.)

RELATIONSHIP TO STUDENT:

(Examples: father, mother, brother, uncle, friend, self)

SPONSOR'S ADDRESS:

SPONSOR'S TELEPHONE NUMBER:

SPONSOR'S FAX NUMBER:

SPONSOR'S E-MAIL ADDRESS:

DATE:

If the student's spouse and children are going to travel to the U.S., please provide the following information for each one:

Dependent # 1:

*Family (last) Name:	*Given (first) Name:	Date of Birth:
Country of Birth:	City of Birth:	Country of Citizenship:
Relationship to Student:		

Dependent # 2:

*Family (last) Name:	*Given (first) Name:	Date of Birth:
Country of Birth:	City of Birth:	Country of Citizenship:
Relationship to Student:		

Dependent # 3:

*Family (last) Name:	*Given (first) Name:	Date of Birth:
Country of Birth:	City of Birth:	Country of Citizenship:
Relationship to Student:		

Dependent # 4:

*Family (last) Name:	*Given (first) Name:	Date of Birth:
Country of Birth:	City of Birth:	Country of Citizenship:
Relationship to Student:		

*The NAMES must be the same spelling as on the passport.

When this form is complete, please mail (do not fax) all pages of the Application and DCF form with the official bank letter or scholarship letter to the address below. Also, if you have more than one sponsor, please mail (do not fax) all pages of the forms and an official bank letter and signed DCF for each sponsor.

The English Language Institute
The University of Akron
Akron, Ohio 44325-1909
U.S.A.

If you have any questions about your application to the ELI, please e-mail us at: ua-eli@uakron.edu