AFFIDAVIT OF FINANCIAL SUPPORT

To be completed by the applicant:					
Applicant's name (as on pass	port: Last, First, Middle)				
Mailing Address (Street, City,	State, ZIP, Country)				
Please complete the following	ng if your spouse or children under	21 will be living with you v	while you are attending APU:		
Name (as on passport)	Relationship to student (spouse/son/daughter)	Date of Birth (month/day/year)	Country of Birth	Citizenship	
Additional support must be availa	ble yearly in the amount of \$9,500 (U.S.)	for your spouse and \$7,500 (U.S	S.) for each child listed.		
	n sponsor, the applicant must also compl the sponsor's current bank statement or lett			uch money is available to	
Sponsor's Name (Last, First, N	Middle)				
Address (Street, City, State, ZIP, Country)			Date of Birth		
Phone	Fax		Email		
Sponsor's relationship to ap	pplicant		I		
How many people are you	supporting financially for education	nal purposes in addition to	this applicant (include your own	family members)?	
CERTIFICATION OF	RESPONSIBILITY				
This is to certify that I/we will and support of the above-namester the full tuition and	ree to the following by signing by assume financial responsibility, up amed applicant during the course of fees must be paid at the time of retthe applicant's spouse and \$7,500.	o to \$45,810* (U.S.) per ac of his/her attendance at Az egistration for classes. In ac	rusa Pacific University. I/we unde ddition, I/we will assume financia	rstand that each I responsibility in the	
Sponsor's signature			Date (month/day/year)		
*\$45,810 (U.S.) indicates th	e cost for students who live on ca	mpus. If the student exped	cts to live off campus, the amour	nt you agree to support is	

\$44,465 (U.S.) per year. Prices are subject to change without notice.

Please note: If deemed necessary, Azusa Pacific University reserves the right to require one year's tuition in advance before mailing an I-20 or DS2019.

