

HAMLIN UNIVERSITY
AFFIDAVIT OF FINANCIAL SUPPORT
FOR INTERNATIONAL STUDENT APPLICANTS

This form must be accompanied by an official bank statement and/or proof of funding (in English or with official translation) from the sponsor listed below. A separate affidavit of support is required for each sponsor or sponsoring organization, including the student if the funds are in the student's own name.

STUDENT INFORMATION

First Name _____ Last Name _____

Date of Birth _____ Hamline Student ID (if known) _____

SPONSOR INFORMATION (must complete part A and part B)

Part A: Select ONE. A separate affidavit of financial support is required for each sponsor or sponsoring organization.

I am seeking admission to Hamline University and will be providing my own financial support.

I am the parent, guardian, or private sponsor and will be providing financial support for the student listed above.

First Name _____ Last Name _____

Relationship to the Student (parent, uncle, etc.) _____

Address _____

(street)

(city)

(state/province)

(zip code)

(country)

I am a representative of a sponsoring organization or government agency which will be providing financial support for the student listed above. I verify that I have the authority to represent the organization and to commit financial support for the student listed above.

First Name _____ Last Name _____

Name of Sponsoring Organization _____

Address _____

(street)

(city)

(state/province)

(zip code)

(country)

Part B: Indicate the amount of financial support you will provide:

I will provide \$ _____ (USD) per year to cover all necessary expenses of the student named above, including but not limited to: tuition and fees, health insurance, room and board, and personal/living expenses.

I will provide this amount to the student until _____ (must be at least one year) or until revoked in writing.
(date)

I understand that the full amount due for tuition, fees, health insurance, and other costs related to academic coursework must be paid at the beginning of each semester. I agree to assume financial responsibility for the student as listed above. I understand that costs for tuition, fees, and health insurance are subject to change without notice.

Signature of account holder: _____ Date: _____