

Affidavit of Financial Support

IEP Special Program Applicant

2500 E. Nutwood Ave. Fullerton, CA 92831 USA (714) 879-3901 x1618 FAX (714) 681-7224 Email: isp@hiu.edu

All students must submit proof of sufficient funds to cover educational and living expenses for the duration of their study at Hope International University.

| Part A. S | tudent information | | | | | | |
|---------------------|---|--------------------|--|---------------|---|------------------|----------|
| Full Name: Surname | | | | Given Name | | | |
| Date of B | irth: Month/Day/Year | | | ☐ Male | ☐ Female | | |
| Part B. S | ponsor Information | | | | | | |
| I, | | , residing at_ | | | | | |
| Name of Sponsor | | | Address | | | | |
| expenses | for the above named student w | | | | nancial responsibility, including University. | educational an | d living |
| Signature o | f Sponsor | Re | Relationship of Sponsor to Student | | Date (Month/day/year) | | |
| Section (| C: Financial Information | | | | | | |
| Attach th | e following to this affidavit: | | | | | | |
| must clea | | int holder (must b | | onsor signing | ppy), in English, and dated within g this form), name and address of Estimated Personal Expenses | | |
| | | | | | | \$9,500 | |
| | | | Estimated Persona Textbooks Health Insurance Other | · | \$2,700 | , | |
| | | Ī | Total | \$2,700 | | | |
| I certify t | Student Signature hat I will have sufficient funds a y and that all information provi | | | ucation and l | iving for the duration of my studie | s at Hope Interi | national |
| Student Sign | nature | | | | Date (Month/day/year) | | |