



**AFFIDAVIT OF SUPPORT**

**STUDENT'S INFORMATION**

FIRST NAME

MIDDLE NAME

FAMILY NAME

**MAILING ADDRESS:**

STREET ADDRESS

CITY

STATE/PROVINCE

COUNTRY

MAILING CODE

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH / DAY / YEAR

COUNTRY OF CITIZENSHIP

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 the English Language Institute 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 Intensive English Program (8 weeks)
Tuition and fees: (20 hours)	\$2,400.00

**SPONSOR'S INFORMATION:**

FIRST NAME

MIDDLE NAME

FAMILY NAME

**MAILING ADDRESS:**

STREET ADDRESS

CITY

STATE/PROVINCE

COUNTRY

MAILING CODE

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	\$5,000

Email to [esl@sacredheart.edu](mailto:esl@sacredheart.edu) or mail to:

SACRED HEART UNIVERSITY  
ENGLISH LANGUAGE INSTITUTE  
5151 PARK AVENUE  
FAIRFIELD, CT 06825