Affidavit of Support

I herby certify that I am able, willing and do promise to provide my			
	Student's relation to you		
	, with the amount	of U.S. \$, for one year of
Student's name		·	
study at Hood College. Evidence of my financial resources accomp	anies this affidavit	. (Required)	
Signature		Date	
Sworn to and subscribed before me this	day of		
		Month	Year
Please print name			
Sponsor's Current Address			
Signature of Notary Public or Legal Official (seal)			

Declaration of Finances

Please indicate source of support for each year of study and indicate amount in U.S. dollars.

You are required to certify that you will have adequate financial support for the entire period of your program of study at Hood College. A Certificate of Eligibility (Form I-20) for obtaining a visa cannot be issued until you have completed this section and returned it with all official certifications. Please be sure to keep copies of all documents submitted, including this certificate, as you may need this information when you apply to the United States Consul for your visa or to the U.S. Department of Homeland Security for permission to transfer to another school.

Support from	First Year	Second Year
SAVINGS: Personal and/or Family		
Name of Bank		
Location		
Please enclose financial statement in		
U.S. dollars, signed by a bank official.		
PARENTS AND/OR SPONSOR		
Name		
Relationship		
Person named must complete the Affidavit of Support. U.S. dollars or employer's statement that the required furnish be included with this certificate.		
AWARDS FROM YOUR GOVERNMENT, EMPLOYER, PRIVATE AGENCY OR OTHER		
Name		
Address		
Please enclose validated official copies of the terms of your award from all sponsors.		
TOTAL		
Total U.S. \$ to complete your course of study at Hood College.		
Please be certain that all official certifications requested follow, please indicate. An I-20 cannot be issued until al		to
Signature		
By signing this form, I certify that the information above my studies at Hood College. I understand that any chang College immediately.		
Applicant Signature	D	Date