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Completion and submission of an Affidavit of Financial Support is a required part of the international student enrollment process into US colleges and universities. The amount of support shown must be equal to or greater than the annual cost of attendance minus any scholarship that has been offered to the student. The assumption by Hope College and the US Immigration Service is that this support will continue for the duration of your study at Hope College.

The student name and e-mail should match the name, and e-mail address, used on the submitted application for admission. In the "Relationship to Student" section please indicate, Parent, Family Member, or Sponsor.

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Student Name: _____

Relationship to Student: _____

Signature: _____

Date: _____

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All admitted international students are considered for an academic scholarship, valued from \$25,000 - \$30,000. These are renewable for a total of four years, as long as the student remains in good academic standing. If awarded, scholarship

TRANSFORMS

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Name: _____ / _____ Male/Female: _____
Surname/Family Name First, Middle Name

Date of Birth: _____ Citizenship Country: _____
Month/Day/Year

Parent/Sponsor's Name: _____ / _____
Surname/Family Name First, Middle name

Parent Address: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Relationship to student: Parent Family Member Sponsor

Name of Bank: _____

Address of Bank: _____

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1. I agree to provide the required annual financial support for this student for the duration of their study at Hope College.
2. I understand that any scholarship offered to the student remains the same for the duration of the student's study at Hope College, up to four years total.
3. I understand that the cost of attendance at Hope College increases on an annual basis.
4. I am providing a current original bank statement verifying the needed support, as part of the enrollment process. I understand I will also need to provide an updated original bank statement at the time of the student's visa interview.

Signature: _____ Date: ____/____/____
Month / Day / Year