



Affidavit of Support Form

International applicants are required to show that they have sufficient funds to cover education and living expenses while in the United States. This *Affidavit of Support Form* must be completed by applicant's financial sponsor.

Full Legal Name of Applicant: _____
LAST (FAMILY NAME) FIRST (GIVEN NAME) MIDDLE NAME

ESTIMATED AVERAGE COSTS FOR 9 MONTHS

These expense figures are an estimated amount for 9 months.

	Per semester	Per Year (9 months)
Credit Program Tuition (If registered for 12 credits)*	\$4,314	\$8,628
Living Expenses	\$6,000	\$12,000
Books, Supplies, & Insurance**	\$950	\$1,900
TOTAL ESTIMATED AMOUNT FOR ONE YEAR (9 months)		US \$22,528

*Includes estimated material fees

**International Students are required to purchase a mandatory health insurance plan offered by Leeward CC.

Fees (subject to change) include:

- ❖ Non-resident Tuition.....\$345.00/per credit (Tuition for 300 level courses is \$846.00)
- ❖ Student Activities Fee.....\$0.52/per credit (up to a maximum of \$5.20)
- ❖ Student Government Fee.....\$0.98/per credit (up to a maximum of \$9.80)
- ❖ Student Health Center Fee.....\$15.00
- ❖ Board of Student Communication Fee.....\$5.00

FINANCIAL SPONSOR'S INFORMATION (This form must be completed and returned with a bank statement issued within the last 3 months verifying a minimum amount of US \$22,528.)

1. Sponsor's Full Legal Name: _____
LAST (FAMILY NAME) FIRST (GIVEN NAME) MIDDLE NAME

2. Date of Birth: _____ 3. Are you a U.S. citizen/permanent resident? Yes No

4. Mailing Address: _____
Street Apt/Unit #

City State/Prefecture/Province Postal Code Country

5. Telephone Number: _____ E-mail Address: _____

6. Relationship to Applicant (parent, family member, friend, etc.): _____

I certify that I will be responsible for the financial support of the applicant as shown above. My ability to meet this obligation is indicated by the attached bank statement.

Signature of Sponsor _____ Date _____