

## Office of International Programs

96-045 Ala Ike Pearl City, HI 96782 Phone: (808) 455-0570

Fax: (808) 455-0568

http://www.leeward.hawaii.edu/ipo

## **Affidavit of Support Form**

International applicants are required to show that the expenses while in the United States. This <i>Affidavit of sponsor</i> .	•	_
Full Legal Name of Applicant:  LAST (FAMILY NAME)		
LAST (FAMILY NAME)	FIRST (GIVEN NAME)	MIDDLE NAME
ESTIMATED AVERAGE COSTS FOR 9 MON	VTHS	
These expense figures are an estimated amount for 9	9 months.	
	Per semester	Per Year (9 months)
Credit Program Tuition (If registered for 12 credits)	\$4,175	\$8,350
Living Expenses	\$7,200	\$14,400
Books, Supplies, & Insurance**	\$1,400	\$2,800
TOTAL ESTIMATED AMOUNT FOR	ONE YEAR (9 months)	US \$25,550
<ul> <li>Non-resident Tuition</li></ul>	credit (up to a maximum of \$5.20) credit (up to a maximum of \$9.80)	ed with a bank statement issued
LAST (FAMILY NAME)	FIRST (GIVEN NAME)	MIDDLE NAME
. Date of Birth: 3. Are you a U.S. citizen/permanent resident? Yes No		
4. Mailing Address:		
Street	Apt/Unit #	
City State/Prefecture/Province	ce Postal Code	Country
. Telephone Number: E-mail Address:		
6. Relationship to Applicant (parent, family member, frie	end, etc.):	
I certify that I will be responsible for the financial sup obligation is indicated by the attached bank statemen		ove. My ability to meet this
Signature of Sponsor	Date	