

**AFFIDAVIT OF FINANCIAL SUPPORT FOR INTERNATIONAL APPLICANTS**

**IMPORTANT:** International students must present satisfactory evidence of adequate funds available to meet financial obligations at Point Loma Nazarene University (PLNU). An I-20 (Certificate of Eligibility) cannot be issued until this form and all required documents have been received by the University. The student must be prepared to pay all tuition and fees for the term as well as charges for living expenses (student housing) at the time of registration. PLNU is required by the U.S. Bureau of Citizenship and Immigration Services (USCIS) to obtain evidence that all applicants have adequate funds for their education and living expenses while studying at the University. Estimated minimum costs of attending PLNU full-time for one academic year (nine months; not including summer term) as a single student with no dependents are as follows:

2008-2009 Academic Year Estimated Expenses			
Tuition*	\$23,500	Room and Board**	\$7,800
General Fee	600	Personal Expenses	3,000
Health Insurance	650	Books & Supplies	1,500
			<b>TOTAL = US \$37,050</b>

*\* Tuition and registration are subject to change by the Trustees of PLNU without prior notice.  
 \*\*Based on the mid-plan of a shared room, 15 meals/week*

**INSTRUCTIONS:** Complete ALL sections in FULL. Signatures of applicant, sponsor and bank must be included. Failure to complete all sections will result in the form being returned to you and your admission will be delayed. Attach all original letter(s) of support, bank statement(s) and/or award letter(s) with this completed affidavit.

**SECTION A: APPLICANT INFORMATION**

LAST NAME (LEGAL NAME)		FIRST NAME	MI
DATE OF BIRTH (MONTH/DAY/YEAR)	CITY AND COUNTRY OF BIRTH		COUNTRY OF CITIZENSHIP
MAILING STREET ADDRESS			CONTACT PHONE NUMBER
MAILING ADDRESS - CITY, STATE, ZIP CODE (if applicable), AND COUNTRY			EMAIL ADDRESS

**SECTION B: FINANCIAL CERTIFICATION OF SPONSOR**

(If government or private scholarship, leave Section B blank and attach an official award letter)

SPONSOR'S LAST NAME (LEGAL NAME)		FIRST NAME	MI	RELATIONSHIP TO SPONSOR
MAILING STREET ADDRESS				CONTACT PHONE NUMBER
MAILING ADDRESS - CITY, STATE, ZIP CODE (if applicable), AND COUNTRY				EMAIL ADDRESS

**SPONSOR'S GUARANTEE:** I, \_\_\_\_\_, guarantee that the sum of US \$ \_\_\_\_\_ will be available for the above named student for the first academic year at PLNU. A comparable amount of money will be available for \_\_\_\_\_ years.

SIGNATURE OF SPONSOR

DATE

**SECTION C: OFFICIAL BANK VERIFICATION**

(Section C is not required for scholarships. Section C can be fulfilled by attaching a separate, original letter from the bank in English.)

NAME OF BANK				
BANK OFFICIAL'S LAST NAME (LEGAL NAME)		FIRST NAME	MI	BANK OFFICIAL'S TITLE
MAILING STREET ADDRESS				CONTACT PHONE NUMBER
MAILING ADDRESS - CITY, STATE, ZIP CODE (if applicable), AND COUNTRY				EMAIL ADDRESS

**BANK GUARANTEE:** This is to certify that \_\_\_\_\_ is financially capable of meeting the financial commitment as stated above. (Note: Minimum of US \$37,050. If funds are outside of USA, timely transfer to the USA is permitted under the government's present regulations.)

SIGNATURE OF BANK OFFICIAL

DATE

**SECTION D: SIGNATURE OF APPLICANT**

I certify that all the statements on this form are correct and complete. I fully understand the minimum amount of funds necessary for fees and living expenses at Point Loma Nazarene University, and I verify that a minimum of US \$37,050 will be available per year for my study. I also understand that I must obtain and maintain health insurance coverage for myself (and my dependent(s)) for the full duration of my enrollment at PLNU which meets the following requirements: medical benefits of US \$100,000 per accident or illness with copayments not to exceed 25%, and maximum US \$100 deductible; repatriation benefits of US \$7,500; medical evacuation benefits of US \$10,000. My insurance policy must also meet Title IX requirements and pay for pre-existing conditions after six months of continuous coverage. I promise to provide PLNU with proof of approved health insurance at the minimum levels specified and/or purchase the approved policy available at PLNU. I understand that providing false or misleading information can result in the denial of my application; or, if admitted, in my disenrollment from Point Loma Nazarene University and/or deportation from the United States.

SIGNATURE OF APPLICANT

DATE

**Return completed form with required documentation to:**  
 PLNU International Student Services, 3900 Lomaland Dr., San Diego, CA 92106 USA