



BEULAH HEIGHTS UNIVERSITY

Admissions Office • 892 Berne St SE • Atlanta, GA, 30316 • (404) 627-2681 x117 • FAX: (404) 627-0702

International Student Affidavit of Financial Support

The person or organization that will be responsible for paying the educational expenses of the student must complete this form. **Please have this form notarized.**

Student's Name: _____

Sponsor's Name: _____

Sponsor's Address: _____
Number/Street/Apt #

City: _____ State: _____ ZIP: _____

Sponsor's Occupation: _____

Sponsor's E-mail: _____

Relationship to Student: _____

Please enclose with this application a bank statement or letter from your bank stating that you have the ability to provide a yearly income of \$24,100.00 in U.S. funds to pay the cost to this student's educational and living expense. Please include a additional \$5,000.00 U.S. dollars per family member to be listed on the I-20

I certify that I have the funds available and that I will pay the cost of this student's educational expenses while he/she is a student at Beulah Heights University.

Sponsor's Signature: _____ Date: _____

Notary's Signature: _____ Date: _____

Stamp:

Seal: