

AFFIDAVIT OF FINANCIAL SUPPORT

[www.embryriddle.edu/international](http://www.embryriddle.edu/international)

(Please type or print clearly in ink)

STUDENT’S NAME

Family/Last Given/First Middle

All international students who will require an I-20 or DS-2019 form must complete parts III, IV, and V below.

The University requires documentation certifying the validity of the financial resources listed on this sheet. Students must show proof of financial ability to cover all expenses. Please see the estimated cost below.

**All documentation must be dated within six months of the start date of the semester for which the student is applying. The only exception will be tax returns which must be from the previous year which the student is applying. Students many also combine sources or have more than one sponsor. All documentation must be in U.S. dollar amount.**

I. ESTIMATED COST — ACADEMIC YEAR (AUGUST – MAY)

**The estimated annual cost for the 2019~~-~~2020 academic year is as follows:**

**Undergraduate** **Graduate (Masters and Ph.D)**

Tuition (12-16 credits) and Fees ................ $37,018 Tuition (6 credits) and Fees............................$19,156

Room and Board............................................$11,746 Room and Board………………………$11,746

Books (estimated)……………………………$1,400 Books (estimated)………………….............. $1,400

Total ....... $50,164 Total..... $32,302

**NOTE: Flight Students require additional funds:**

*Flight students can estimate average annual costs for the first and second year at approximately* ***$23,000-$33,000*** *(depending on when the student engages in multi-engine training). The average cost for the third year of instruction is* ***$10,000-$15,000****. Please take into consideration that prices will vary per student since no two students learn at the same rate.*

***\*\*\*Fees do not include health insurance.*** *The estimated cost for health insurance is approximately $1,248. All registered students must have health insurance. Enrollment is automatic; your student account will be charged the insurance fee. If you already have insurance, you may waive out of the student plan.*

The above example is for planning purposes only. Official bills for tuition and fees will be presented after registration. Some courses require additional fees. The University reserves the right to change any of the above expenses without prior notification.

II. ESTIMATED English Language Program (ERLI) — ACADEMIC YEAR (AUGUST – MAY)

**The estimated annual cost for the 2019~~-~~2020 academic year is as follows:**

Tuition and Fees (5 classes) ............................................$14,512 Books (estimated)……………………………………… $400

Room and Board……………………............................... $11,746 Total..................................................................... $26,658

III. DEPENDENT COST **(Wife or Husband and Children)**

The amount below indicates annual funds necessary to support each dependent:

Each adult dependent ............................... $4,000 Each child dependent ............................... $4,000

Please attach a copy of each dependent’s passport.

IV. SPECIFIC SOURCES AND AMOUNTS

Please list below the specific sources and amounts of support (attaching the previously requested supporting documentation). The amounts must reflect funding for the first year of study.

Source Amount

Bank Letter (Checking or Savings)\*

Bank Statement (Checking or Savings)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_

Government Grant or Stipend\*

Scholarship (Source and Duration)\*

Pay Stubs/Employment Verification Letter\*\* ­­­­­­­­­­­­­­­­­­­­

Tax Returns and W2\*\*

Loan Verification Letter\*

Investment Funds (must have reached maturity)

Total $

\*Will accept 100% of amount listed

\*\*Will accept 25% of amount listed

In signing my name to this affidavit, I swear that the information provided is an accurate statement of my plans to finance my studies.

Student’s Name (Please print)

Signature Date

V. PARENT / SPONSOR CERTIFICATION

This is to certify that I,

will sponsor the above-named student for the period of to while he/she is enrolled, in the relationship of

(relative, friend, etc.) . This affidavit relieves the officials of

Embry-Riddle Aeronautical University of any and all responsibilities for the financial well-being of the student.

Sponsor’s Name (Please print)

Signature Date

Address

City State Postal Code

Country