

# Affidavit of Support

Hellenic College Tel. 617-850-1260  
50 Goddard Avenue Fax. 617-850-1460  
Brookline, MA 02445 www.hchc.edu  
Toll Free 866-424-2338 admissions@hchc.edu

## INTERNATIONAL APPLICANTS ONLY

### IMPORTANT NOTE:

The Affidavit of Support must be signed by someone other than the student and the signature must be notarized. No immigration paperwork can be issued if it is signed by the student.

I, the undersigned, do hereby promise to pay all school-related expenses incurred by \_\_\_\_\_ who is applying for undergraduate studies at Hellenic College. These expenses shall include tuition, room and board, books, health insurance, fees and all personal expenses not covered by scholarships or grants while he/she is enrolled as a student at Hellenic College.

Furthermore, I do hereby promise to pay the full amount of charges of his/her initial semester of study before Hellenic College can provide said student with the proper "Certificate of Eligibility" which will facilitate the issuance of a visa by the United States Embassy.

I understand, further, that should said student be dismissed for any reason, or withdraw from the College of his/her own volition, I will be responsible for the expenses for the return to his/her country of origin, in accordance with the laws and regulations governing F-1 Student Status Visas of the United States Department of Justice.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Telephone Number: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Sponsor's Name (printed): \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State/Province/Country

\_\_\_\_\_  
Zip/Postal Code

Then personally appeared the above-named \_\_\_\_\_ and acknowledged the foregoing instrument to be his / her free act and deed, before me.

\_\_\_\_\_  
Notary Public

(SEAL)

My commission expires \_\_\_\_\_