



AFFIDAVIT OF FINANCIAL RESPONSIBILITY/SUPPORT

■ TO BE COMPLETED BY THE APPLICANT

NAME _____ DATE OF BIRTH _____
ADDRESS _____
PHONE NUMBER _____ E-MAIL _____

■ TO BE COMPLETED BY THE SPONSOR (If other than the applicant)

This form must be accompanied with a current bank statement or letter from the sponsor's or the student's or the student's bank. The bank statement must indicate the total fund available to cover the annual educational-expenses of the student

NAME _____

ADDRESS _____

PHONE NUMBER _____ E-MAIL _____

SPONSOR'S RELATIONSHIP TO APPLICANT _____

How many people are you supporting in addition to this applicant (including your own family members)? _____

■ CERTIFICATION OF RESPONSIBILITY

This is to certify that I (student) or I/WE (sponsor) assume financial responsibility, \$16,000* (U.S.) per academic year as needed for the educational-related expenses and support of the above-named self/applicant during the course of my/his/her attendance at the Horizon Institute. I (student) or I/WE (sponsor) understand that each quarter the full tuition and fees must be paid at time of registration. In addition, I (student) or I/WE (sponsor) assume financial responsibility, in the amount of \$5,000(U.S.) for each of my/the applicant's dependent(s) if indicated above that spouse and/or children will be living with the student.

NAME OF SPONSOR _____ NAME OF STUDENT _____

SPONSOR'S SIGNATURE _____ STUDENT'S SIGNATURE _____

DATE _____ DATE _____