AFFIDAVIT OF FINANCIAL SUPPORT

www.embryriddle.edu/international

(Please type or print clearly in ink)

STUDENT’S NAME

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. This evidence should consist of:

1. An official notarized or stamped bank statement on original bank letterhead that sufficient funds in the amounts shown below are available; or
2. A notarized statement of support from a sponsor, along with evidence of the sponsor’s financial resources (in the form of an official bank statement); or
3. An official notarized letter of award from government or other sponsoring organization indicating the terms of the support.

All applicants will not be reviewed until we receive an OFFICIAL BANK STATEMENT and/or a NOTARIZED AFFIDAVIT OF SUPPORT or currency must be clearly stated. All documentation must be current and in U.S. dollar amounts.

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

The estimated annual cost for the 2014-2015 academic year is as follows:

Undergraduate
Tuition (12-16 credits) and Fees.............. $33,264
Room and Board.............................................. $9,850
Total ...... $43,114

Graduate (Masters and Ph.D)
Tuition (6 credits) and Fees....................... $17,904
Room and Board.............................................. $9,850
Total ..... $27,754

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 include health insurance. 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 2014-2015 academic year is as follows:

Tuition and Fees (5 classes) ...................... $12,150
Room and Board.............................................. $9,850
Total ........ $22,000

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 OF INCOME

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.

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Savings</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Government Grant or Stipend</td>
<td></td>
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<tr>
<td>Scholarships (Source and Duration)</td>
<td></td>
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<tr>
<td>Loans (Source)</td>
<td></td>
</tr>
<tr>
<td>Other Means (Describe Fully)</td>
<td></td>
</tr>
</tbody>
</table>

Total $ ____________________________

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 _____________________________. 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 ____________________________________________________________