

# INTERNATIONAL UNIVERSITY OF THE EAST

## OM Meditation Center

1125 West Sixth Street, Suite 207, Los Angeles, CA 90017  
Phone: 213-947-3611 Fax: 213-947-3549 or Email: [info@iueast.org](mailto:info@iueast.org)

### AFFIDAVIT OF SUPPORT

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Sponsor/person who will provide the student with financial support while attending International University of the East (IUE) in the United States:

Sponsor's Name \_\_\_\_\_  
Last Name First Name

Sponsor's Permanent Address \_\_\_\_\_  
Street Address

City State Zip Code/ Country

Sponsor's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Month/ Day/ Year

Student's Name: \_\_\_\_\_  
Last Name First Name

Sponsor's Relationship to Student: \_\_\_\_\_

The estimated amount of funds available to the student mentioned above during each academic year at the institution will be U.S.\$ \_\_\_\_\_.

I am willing and able to receive, maintain, and support the student while he or she is enrolled at IUE. I am ready and willing to deposit a bond, if necessary, to guarantee that the student will not become a public charge during his or her stay in the United States, or to guarantee that the student will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.

I understand the estimated expenses for an academic year will be approximately \$23,000, which includes tuition and fees, living expenses, and other student needs. I understand IUE does not offer medical services, financial aid, or scholarships. I also understand that there is no housing available at IUE.

I am attaching either a letter from the bank, bank verification, or other financial institution in which I have deposits.

*Sponsor's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_