

INTERNATIONAL UNIVERSITY OF THE EAST

OM Meditation Center

3333 Wilshire Blvd., Suite 600, Los Angeles, CA 90010
Phone: 213-947-3611 Fax: 213-947-3549 or Email: info@iueast.org

AFFIDAVIT OF SUPPORT

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* _____