

Hill College

112 Lamar Drive, Hillsboro, Texas 76645

Financial Statement / Affidavit of Support

This form is necessary as Hill College does not have academic scholarships or loans available for international students. The United States Bureau of Immigration and Customs Enforcement usually will not permit an international student to work while in the United States under nonimmigrant student status. Thus, it will be necessary for you to have sufficient funds available before you arrive. This is your statement of financial resources for educational purposes. Inaccurate information submitted on this form may result in a financial crisis and ultimate failure in your academic work.

A student should bring approximately \$5,500.00 in traveler's checks to meet initial enrollment and housing fees.

1. Name: _____
2. Name of Sponsor: _____
3. Have you been in the U.S. before? _____ If so, when? _____ Where? _____
4. The estimated expense for a student for one semester (4 months) is \$5,505.00 for the Hillsboro campus and \$6,130.00 for the Cleburne or Burleson campus. This estimate includes tuition, fees, books, and living expenses, but not travel to and from the campus.

Provide below the yearly financial resources in U.S. Dollars you will have to cover all expenses. If you are obtaining money from more than one source, please list each one.

- A. From Family \$ _____ per year
- B. From Savings (personal funds) \$ _____ per year
- C. Salary while on leave \$ _____ per year
List name and address of employer: _____
- D. Financial Aid / Sponsor \$ _____ per year
List source and duration: _____

Total Funds Available \$ _____ per year

5. How long do you plan to remain in the U.S.? _____ at Hill College? _____
6. Will the same financial resources be available if you remain at this institution a second year or longer? _____
7. Important: your signature on each of the following two (2) statements will be an indication of your commitment to Hill College.

I certify that the above financial information is true and correct.

Applicant's Signature: _____ Date: _____

I also understand that I will be required to purchase health insurance required for non-immigrants while attending Hill College.

Applicant's Signature: _____ Date: _____

SUBMIT THE LAST TWO (2) BANK STATEMENTS FROM YOUR SPONSOR'S ACCOUNT