



**AFFIDAVIT OF FINANCIAL SUPPORT**

International students are required to have available the sum of \$20, 695 for each year of study at Orlando Academy School of Health Professions, excluding travel expenses. Additional family members, such as spouse and/or child, will require certification of additional funds in the amount of \$4,500.00 per person. (NOTE: All dollar amounts are subject to change without notice.)

Average Expenses for Orlando Academy students for 12 months:

Tuition & Fees	\$ 10,000
Books & Supplies	\$ 600
Living Expenses*	\$ 10,095
<b>TOTAL</b>	<b>\$ 20,695</b>

\* The actual amount of support required varies from student to student. The School does not offer student housing so living expenses will be determined by whether you rent a single room, apartment, or house, and whether you live by yourself or with other students. We have estimated \$10,095 in living expenses (rent, utilities, food, transportation, etc) for one year.

I, \_\_\_\_\_ have read and understand the above and I do swear and affirm  
Name of Student – Please Print Clearly  
that the financial information provided is true and accurate.

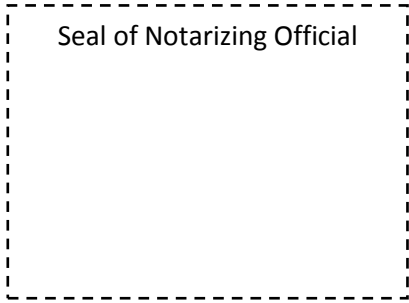
STUDENT SIGNATURE: (does not require notarization) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

I hereby certify that I, \_\_\_\_\_, will be responsible for the education  
Name of Sponsor – Please Print Clearly  
and/or living expenses of \_\_\_\_\_ each year while he/she is attending  
Name of Student – Please Print Clearly

Orlando Academy School of Health Professions. I authorize and release of my supporting financial documents to verify that the promised financial resources are available to me and the student. I swear and affirm that I know and understand the contents of this affidavit, signed by me, and that the statements are true and correct.

Signature of Sponsor: \_\_\_\_\_



Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_.

Signature to Notarizing Official: \_\_\_\_\_