

## Affidavit of Support

### INSTRUCTION TO THE APPLICANT

1. Complete the following personal information in the box, and forward this form to each of your financial supporter.
2. Please have the complete form notarized.
3. Please submit the complete form to the Office of Admissions of HANBIT UNIVERSITY (Atlanta University of Health Science) as follows. Unless the form is not received, your admission application will not be processed:

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Degree Program Applying: (MAcCHM, BBA)**

### INSTRUCTION TO THE SPONSOR:

#### PLEASE HAVE THIS FORM NOTARIZED.

Sponsor's Name: \_\_\_\_\_ Sponsor's Contact Number: \_\_\_\_\_

Sponsor's Occupation: \_\_\_\_\_ Sponsor's E-mail: \_\_\_\_\_

Sponsor's Permanent

Address: \_\_\_\_\_

Sponsor's Relationship to the Applicant: \_\_\_\_\_

I, hereby, solemnly depose and state as follows:

1. Affiance is over eighteen (18) years of age and is competent to testify as the facts herein.
2. I will, at all times or for given period of **Fall 2025 - Spring 2026** be responsible for the above-named applicant's financial support, including HANBIT UNIVERSITY (Atlanta University of Health Science) tuition, fees, charges, living expenses, and all miscellaneous expenses while the applicant is a student at HANBIT UNIVERSITY (Atlanta University of Health Science).
3. I have enclosed bank statement or an official letter from my bank stating that I have the ability to provide a yearly income of \$30,000.00 in U.S. fund to pay the cost to the applicant's educational and living expense, and additional \$3,000.00 in US fund to support per family member.

### FURTHER AFFIANT SAYETH NAUGHT

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Sponsor's Signature

### SWORN TO AND SUBSCRIBED BEFORE ME

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Notary Public's Signature

SEAL