

Financial Certification

1. Bank Certification

I, the undersigned, certify, on the date noted below, that the applicant or sponsor has sufficient funds available to cover the USD \$ _____ for tuition, fees, and living expenses as indicated on the tuition table. A recent bank statement is attached.

Name of Bank Official: _____ Signature: _____

Bank Address: _____

Telephone Number: _____ Date: _____

Bank Stamp

2. Certificate of Sponsor

I, the undersigned, understand the schooling and living costs of the student will amount to approximately \$ _____ as indicated on the tuition table. I hereby agree to take full responsibility for these expenses. I certify that the information provided is correct and complete; that I am aware of the cost of the program at A F International; and that the funds are available and will be provided as requested on the first day of class.

Student's Name: _____

Sponsor's Name: _____

Address: _____

Sponsor's Relationship to Student: _____

Sponsor Signature

Date

3. Mandatory Student Signature

By my signature below, I certify that I have read and understand the ESL program and policies, that the information I have given is true and correct, and I agree to abide by the program's rules and regulations.

Applicant Signature

Date

1/24/2020

To Whom It May Concern:

I, ***(sponsor [or sponsor] name), (relation to student)***, agree to sponsor the studies of ***(the student's name)*** at AF International College for the duration of their stay. I have included documentation of the availability of the funds in the form of the enclosed certification of financial resources. Please contact me if you have questions in regard to this letter of sponsorship.

Sincerely,

Signature

(Sponsor's name)

(Sponsor's address)

(Sponsor's phone or e-mail)

**A F International School of Languages Inc.
A F International College**

Credit Card Authorization Form

Name on the Card _____

Payment made for (Student Name) _____

Type of Card: Visa _____ MC _____

Credit Card number _____

Expiration Date _____; Security Code (3-digit CVV) _____
(MO/YR)

Billing Address _____

City, State, Postal Code _____

Phone Number _____

Payment for (Name of course or program) _____

Amount to be charged U.S.\$ _____

By signing this form, you authorize **A F INTERNATIONAL** to charge your card for the amount listed above.

Signed: _____ Date: _____

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