



International Student Program - Affidavit of Financial Support

Due to U.S. government regulations, all international applicants (M-1 visa) must provide evidence of financial ability while studying at a U.S. school. Complete the following information and attach an official bank statement issued within the last six months. **Without these documents, we will not issue the I-20 form.**

Estimated expenses to study at Healing Hands School of Holistic Health*		
Program	500 hour Massage Therapy (MT)	1000 hour Holistic Health Practitioner (HHP)
Length of Program	6 months	12 months
Tuition and Fees	\$4,950.00	\$9,900.00
On-time Deposit	\$250.00	\$250.00
Living Expenses	\$9,560.00	\$19,120.00
Books/Materials	\$1,030.00	\$1,700.00
Total	\$15,790.00	\$30,970.00
*Fees are subject to change without notice.		

Applicant's Name _____

Family (Last) Given (First) Middle

Mailing Address _____

Number Street City State Postal Code Country

Telephone _____ Email _____

Program of Interest: _____ Massage Therapy _____ Holistic Health Practitioner

Location You Plan on Attending: _____ Escondido _____ Laguna Hills

Source of Financial Support:

- Your Own Funds..... US\$ _____
- Funds from Sponsor (parent, relative, friend, etc.)..... US\$ _____
- Government or Private Scholarship (specify the name _____)..... US\$ _____
- TOTAL (minimum of US\$15,790 for Massage Therapy or US\$30,970 for Holistic Health Practitioner*)... US\$ _____

*If your dependents are accompanying you on M1 visa, add the following to the minimum amount required:

Program	Spouse	Child (per child)
Massage Therapy	\$4,780	\$2,390
Holistic Health Practitioner	\$9,560	\$4,780

Example: If you are coming with your spouse and two children, you must show a minimum of US\$25,350 available to you to enroll in the Massage Therapy Program.

FUNDS MUST BE IMMEDIATELY AVAILABLE AT THE TIME OF ENROLLMENT.

Financial Certification of Sponsor

Sponsor's Name _____

Family (Last) Given (First) Middle

Relationship to Student _____

Address _____

Number Street

City State (County/Province/Prefecture) Postal Code Country

Telephone (include country code) Email

I certify that the amount of US\$ _____ will be available each year to the above named student for the duration of his/her study at Healing Hands School of Holistic Health.

Signature of Sponsor _____ **Date** _____

Signature of Applicant

I fully understand the minimum amount of money necessary for fees and living expenses at Healing Hands School of Holistic Health and I verify that the minimum amount specified above will be available each year for my study. I also understand that the tuition and fees are due at the time of enrollment.

Signature of Applicant _____ Date _____