

2030 Powers Ferry Rd SE Suite 130 Atlanta, GA 30339 678-324-8760

## **LETTER OF SUPPORT (SPONSOR LETTER)**

,	and return this forr	n to THE ENGLISH ISLAND. Please	include the sponsor's bank
statement(s).			
I guarantee financial support for(S			(Student's Name) while
the student attends TI	HE ENGLISH ISLAND.	Estimated school and living costs	s for the student and
dependents are listed	below:		
Duration of Study	6-Week Terms	Student School + Living Cost	Dependent Living Cost
6 weeks	1	\$2,511	\$350
3 months	2	\$5,784	\$700
4.5 months	3	\$8,210	\$1,050
6 months	4	\$11,568	\$1,400
7.5 months	5	\$13,904	\$1,750
9 months	6	\$17,352	\$2,100
10.5 months	7	\$19,688	\$2,550
12 months	8	\$23,136	\$2,800
		$\Box$ 10.5 months $\Box$ the sponsor's bank statement(s):	12 months
Sponsor's Name:			
Relationship to Studer	nt:		
□Parent □Bro	ther/Sister □Uncle	e/Aunt □Spouse □ Other	School and living costs for the student and   School + Living Cost   S2,511   \$350   \$5,784   \$700   \$8,210   \$1,050   \$11,568   \$1,400   \$13,904   \$1,750   \$17,352   \$2,100   \$19,688   \$2,550   \$23,136   \$2,800   \$12 months   \$12 months   \$12 months   \$12 months   \$13 months   \$13 months   \$14 months   \$15 months
Sponsor's Address:			
S			
sponsor's signature: _		Date _	

Please email a scan of the completed form to:  $\underline{\text{dsoadmin@theenglishisland.com}}$ 

## SPONSOR PAYMENT AUTHORIZATION FORM

	(Student's Full	Name)
ponsor's Full Name:		
ponsor's phone number: _		
oonsor's e-Mail address: _		
oonsor's address:		
ease check the box for you	ur preferred billing option:	
Bank Transf	er:(Routing Number)	(Account Number)
Venmo:		
	(Phone Number)	(E-Mail Address)
<b>7</b> Zelle:		
	(Phone Number)	(E-Mail Address)
Othor:		
gnature:		Date:

I understand that this authorization will remain in effect until I cancel it in writing within 30 days prior notice, and I agree to notify The English Island in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. I understand that late payments or insufficient funds will result in a \$150 late fee plus \$150 late for each additional week late. I certify that I am an authorized user of the preferred account indicated above and will not dispute these scheduled transactions with my bank or service provider, so long as the transactions corresponds to the terms indicated in this authorization form. If the payment is not able to be completed, I understand The English Island may proceed with the termination of the student's visa, due to failure to enroll.