



THE ENGLISH ISLAND

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

LETTER OF SUPPORT (SPONSOR LETTER)

Please complete, sign, and return this form to THE ENGLISH ISLAND. Please include the sponsor's bank statement(s).

I guarantee financial support for _____ (Student's Name) while the student attends THE ENGLISH ISLAND. Estimated school and living costs for the student and dependents are listed below:

Duration of Study	7-Week Terms	Student			Dependent Living Cost
		School Cost	Living Cost	School + Living Cost	
7 Weeks	1	\$1,080	\$2,940	\$4,020	\$980
14 Weeks	2	\$2,160	\$5,880	\$8,040	\$1,960
21 Weeks	3	\$3,240	\$8,820	\$12,060	\$2,940
28 Weeks	4	\$4,320	\$11,760	\$16,080	\$3,920
35 Weeks	5	\$5,400	\$14,700	\$20,100	\$4,900
42 Weeks	6	\$6,480	\$17,640	\$24,120	\$5,880
49 Weeks	7	\$7,560	\$20,580	\$28,140	\$6,860

Duration of Study:

- 7 weeks 14 weeks 21 weeks 28 weeks
 35 weeks 42 weeks 49 weeks

The total amount needed to be shown on the sponsor's bank statement(s):

_____ + _____ x _____ = _____
Student School + Living Cost Number of Dependents Dependent Living Cost Total

Sponsor's Name: _____

Relationship to Student:

- Parent Brother/Sister Uncle/Aunt Spouse Other

Sponsor's Address: _____

Sponsor's Signature: _____ Date _____

Please email a scan of the completed form to: dsadmin@theenglishisland.com

SPONSOR PAYMENT AUTHORIZATION FORM

By signing this form, you the sponsor, commit to pay any outstanding charges from The English Island for the following student: _____
(Student's Full Name)

Sponsor's Full Name: _____


Sponsor's phone number: _____


Sponsor's e-Mail address: _____

Sponsor's address: _____

SPONSOR'S BILLING INFORMATION BELOW ONLY:

 Bank Transfer: _____
(Sponsor Routing Number) (Sponsor Account Number)

 Venmo: _____
(Sponsor Phone Number) (Sponsor E-Mail Address)

 Zelle: _____
(Sponsor Phone Number) (Sponsor E-Mail Address)

Debit or Credit Card: _____
(Sponsor) (Card Number) Exp. Date Security Code

Sponsor Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing with 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 \$100 late fee, plus \$50 charged 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. If the student does not pay, I will receive an itemized list of charges at least 10 business days prior to charges being debited from the same account. 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.