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	10-Week Terms	Student School + Living Cost	Dependent Living Cost
10 Weeks	1	$4,642.00	$1,136.00
20 Weeks	2	$9,283.00	$2,272.00
30 Weeks	3	$13,575.00	$3,408.00
40 Weeks	4	$17,417.00	$4,544.00
1-3 Years	5-15	$20,959.00	$5,680.00

Duration of Study:

☐ 10 weeks ☐ 20 weeks ☐ 30 weeks ☐ 40 weeks ☐ 1 year

☐ 60 weeks ☐ 70 weeks ☐ 80 weeks ☐ 90 weeks ☐ 2 years

☐ 110 weeks ☐ 120 weeks ☐ 130 weeks ☐ 140 weeks ☐ 3 years

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: dsoadmin@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.