



<h2>Declaration of Financial Support for International Students</h2>
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APPLICANT'S NAME	
APPLICANT'S DATE OF BIRTH	
SPONSOR'S NAME	
SPONSOR'S ADDRESS	

I _____, as the _____ of
(Sponsor's Name) (Relationship to Student)
_____, accept full financial responsibility for the expense of the above
named student for the full length of their study at The Culinary Institute of America. I understand that
approximately **\$50,000USD** during each academic year will be necessary to cover tuition, fees, and living
expenses.

Signature of Sponsor

Date

*This document must be supported with a bank statement or bank letter verifying financial support for one academic year. Bank statements need to be in the amount of **\$50,000USD**. If these documents are not in English, an official translation must be provided along with the original copy.*