AFFIDAVIT OF SUPPORT

To be eligible for the I-20 (F-1 Student) or the DS-2019 (J-1 Exchange Visitor), the applicant must demonstrate evidence of financial support, which includes sufficient funds that are readily available to cover all expenses associated for the first year and proof of financial resources available for the entire duration of the intended program.

PARTICIPANT INFORMATION:				
Surname/Last Name (as listed of	on passport):			
Preferred Name (if any):				
Date of Birth (DD/MM/YYYY): _		Type of Visa Requesting:	% ₀ F-1	‰J-1
FUNDING AVAILABLE FROM F	INANCIAL SPONSORS:			
In the section below, list the amount of funding per academic year for each category, in U.S. dollars, and attach supporting financial Academic/University Funds (Include a copy of your official award letter from the academic institution, outlining your scholarship award.)				al documentation.
Personal Savings (Include bank statement showing sufficient balance for the entire academic program.)				\$
Family/Friend Funds (Include official bank statement showing sufficient balance to meet listed funding.)				\$
•	nt			
Individual/Personal Loans (Include loan award letter indicating amount of funds, validity dates, approval of funds, name and date.)				\$
Name of Lender		_		
Government/Organization Funds (Include loan award letter indicating amount of funds, validity dates, approval of funds, name and date.)				\$
Name of Organization				
Sponsors Providing Housing (Include copy of lease, deed or rental agreement in the financial sponsor's name. Equivalent to \$12,616 USD.)				\$
	nt			
Private Business Funds (Include letter from CEO authorizing support plus official bank statement showing sufficient balance to meet listed funds.)				\$
Name of Business				
DOCUMENT STANDARDS				
 Dated within six months Show liquid assets, such as Indicate the account holder Be in English or accompani Outdated, illegible, insufficie statements, retirement fund If providing a certificate of d 	s or securities will not be accepted. leposit, it must be eligible to be without	vithdrawable funds.		ements, tax
PARTICIPANT SIGNATURE				
I attest that the above information is	true and accurate.			
Printed Name:	Signature:		Date: _	