## AFFIDAVIT OF SUPPORT FOR FOREIGN STUDENTS

Western Connecticut State University is required by United States Immigration and Naturalization of Service to assure that all applicants are able to pay all charges and living expenses while studying at WCSU. Use the following as a guide to determine the amount of finances needed for your I-20.

## Nine (9) Month Academic Term 2021-2022

Room and Board	\$13,921	
Total Amount	\$39,146 US	D

Additional funds may be needed to allocate towards health insurance and books, transportation and/or additional miscellaneous items for the year.

\* You may purchase health insurance online at this website: www.aetnastudenthealth.com
You are required to have health insurance.

STUDENT NAME:

FAMILY (LAST)	FIRST_	M	IDDLE
STUDENT'S PRESENT AI	DDRESS: Street		
City	State/Province	Postal co	ode
Country			
COUNTRY OF CITIZENS	HIP	DATE OF BIRTH	(month/date/year)
Part 1: STUDENT FI	NANCIAL DECLARAT	ΓΙΟΝ	
program at Western Conr can meet expenses for the	Il have funding available to necticut State University. I he first academic year of stud n my program of study, reco	nave attached support do ly in my program. I exp	ocumentation to demonstrate I ect to maintain the same
Student's Name	Signature of	Student	Today's Date

## Part 2: SPONSORSHIP DECLARATION (required if you are funded by another individual, family member, friend, etc.) SPONSOR'S NAME: SPONSOR'S ADDRESS: SPONSOR'S TELEPHONE #:\_\_\_\_\_ I, \_\_\_\_\_\_, declare this affidavit is made by me for the purpose of assuring the United States Government that the person named will not become a public charge in the United States. That I am willing and able to receive, maintain, and support the person named. That I understand this affidavit will be binding upon me for the period of the person's stay in the United States. That I have on deposit in a bank the equivalent of \$39,146 USD: \$\_\_\_\_\_ (sufficient funds to cover the cost of the length of stay as determined above). (signature of sponsor) **Part 3: BANK STATEMENT SUPPORT** Certificates of balance indicating deposited amounts DO NOT substitute for completion of this section. \_\_\_\_, who agrees to sponsor the This is to certify that applicant has enough funds herein deposited to cover expenses of attendance at Western Connecticut State University. Information provided by the sponsoring individual regarding financial capability is true and accurate. Bank Name of Official Seal Signature of Bank Official Title of Bank Official Bank Address

When separate statements from a bank or sponsor are submitted, each must be original, carrying noncopied seals of appropriate notarizing officials. No more than six (6) months shall elapse between the intended date of enrollment and the date(s) on any such required materials. It is advisable to retain copies of ALL documents submitted to the University. Similar information will be required by the United States Consular Office when you apply for your visa.

## Part 4: ADDITIONAL SUPPORT DOCUMENTS

• Please attach copy of Bank Statement

\*Western Connecticut State University accepts savings and/or checking account statements, certificates of deposit, mutual funds, stocks, bonds and salary letters from employers. Life insurance, retirement or pension accounts <u>ARE NOT ACCEPTED</u>. \*