

**Affidavit of Financial Support and Financial Certification Form**

Important: If you or your dependents need a new I-20, Jackson College is required by the U.S. Government regulations to determine whether you have adequate funding for tuition, fees and living expenses for the duration of your stay.

**Student Information**

**Please print your name as it appears or will appear on your passport.**

Family Name (Surname):	First Name:
Middle Name (if applicable):	Date of Birth: (Month/day/year)
Email:	Country of Birth:
Country of Permanent Residence:	Country of Citizenship:
Applying for (Circle One):	Fall                      Spring                      Summer
Have you ever attended a U.S. school with F-1 Visa Status?    Yes or No    If yes, when?	
If you are currently an F-1 Student, name of the School:	
Attended from:                      (mm/dd/yyyy) to:                      (mm/dd/yyyy)	
Your SEVIS ID # is: N                      (it can be found on the right upper corner above the bar code)	
Required Mailing Address to receive the I-20	
Line 1:	Province/State:
Line 2:	Country:
City:	Postal Code:
Required Foreign Address (Home Country Address)	
Line 1:	Province:
Line 2:	Country:
City:	Postal Code:

Please carefully read the information carefully all documentation must be provided for your application to be considered

**Documentation of Funds**

Complete this form in full and provide documentation required. The total funds on the affidavit(s) must equal the total estimated expenses for one full academic year.

### Estimate Expenses

Estimated required expenses of a student for a full academic year include tuition, mandatory student fees, and minimum living expenses for 12 months. All fees are subject to change without notice.

Tuition & Fees: \$10,662.00 USD

Living expenses: \$15,794.00 USD

**Total required amount: \$26,456.00 USD**

### Dependent Information for F-2 Visa

Under the U.S. immigration regulations, only legally married spouse and minor unmarried child (ren) under the age of 21 are eligible for F-2 visa and status. Students should expect additional expenses for each dependent accompanying them to the United States. **If your spouse is accompanying you to Jackson, you must show an additional \$7,000.00 in available funds. If you have children accompanying you, you must show an additional \$3,000.00 for each child.**

Print or type your dependents' names as they appear on their passports.

#### **Dependent No. 1**

Family Name (Surname):	First Name:
Middle Name (if applicable):	Date of Birth (mm/dd/yyyy)
Country of Permanent Residence:	Country of Citizenship:
Relationship to you (choose only one):      Husband      Wife      Son      Daughter	

#### **Dependent No. 2**

Family Name (Surname):	First Name:
Middle Name (if applicable):	Date of Birth (mm/dd/yyyy)
Country of Permanent Residence:	Country of Citizenship:
Relationship to you (choose only one):      Husband      Wife      Son      Daughter	

#### **Dependent No. 3**

Family Name (Surname):	First Name:
Middle Name (if applicable):	Date of Birth (mm/dd/yyyy)
Country of Permanent Residence:	Country of Citizenship:
Relationship to you (choose only one):      Husband      Wife      Son      Daughter	

### Source of Funds

Parents and/or Guardians (Name and Relationship to You):      Amount of Funds: \$ \_\_\_\_\_

Other source of funds (scholarship, government, etc.):      Amount of Funds: \$ \_\_\_\_\_

Other Financial Sources (Please Specify):      Amount of Funds: \$ \_\_\_\_\_

**Total Assured Support Amount in U.S. Dollars Only: \$ \_\_\_\_\_**

## Affidavit of Support

A separate affidavit is required for each sponsor. The total funds on the affidavit(s) must equal the total estimated expenses indicated above.

### Bank Statement

Each personal sponsor (friends or family or student) must provide a statement or letter from the bank showing U.S. dollars totaling the amount needed. The sponsor on the Affidavit of Financial Support and the account holder on the official bank statement must be the same.

### Student's Declaration

I, \_\_\_\_\_ (applicant's printed name), hereby promise that the information provided is correct and complete. I understand that I am ultimately responsible for all expenses associated with my stay in the United States.

Signature of Applicant: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

## Affidavit of Support from Personal Sources (Family or friends)

**Directions:** Ask your personal sponsor(s) to complete the appropriate sections below. A separate affidavit is required for each sponsor. The sponsor and the account holder on the official bank statement must be the same.

### Check all that apply:

- ☐ I will provide full financial support for the applicant's educational and living expenses for the entire length of study at Jackson College. As verification that funding is available, I have attached one or multiple bank statements.
- ☐ I will provide partial financial support. Amount per year: \$ \_\_\_\_\_

Duration of Support:

All Study Years      1<sup>st</sup> year      2<sup>nd</sup> year      3<sup>rd</sup> year      Other \_\_\_\_\_

- ☐ I will provide full support for spouse and/or children if accompanying applicant to the United States. As verification that funding is available, I have attached one or multiple bank statements.

### Personal Sponsor Information: Please print or type

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

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## Affidavit of Support from Funding Agency (government, organization or institution/school)

**Directions:** Please ask your funding agency to complete the following.

We, \_\_\_\_\_ (name of sponsor), hereby certify that we will pay the following expenses associated with tuition, fees, books, health insurance and living expenses for \_\_\_\_\_ (student) and, if applicable, health insurance and living expenses for spouse and children. Study is approved for \_\_\_\_\_ (degree) in \_\_\_\_\_ (field of study) at Jackson College. Funding is effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy) to \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy). Total award is \$ \_\_\_\_\_ (U.S. Dollars) per year for \_\_\_\_\_ years.

Signature of Sponsor: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Official Title: \_\_\_\_\_ Office or Division: \_\_\_\_\_

Address: \_\_\_\_\_

Please affix official seal of funding institution if available.

*Sponsor Signature:* \_\_\_\_\_ *Date (mm/dd/yyyy):* \_\_\_\_\_

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