

AFFIDAVIT OF SUPPORT

Student's Family Name: _____

Given Name: _____

Applicants who hold or expect to obtain a student visa must provide documentation regarding financial support in order for Warren County Community College (WCCC) to issue a Certificate of Eligibility (form I-20). A decision regarding admission to the college will not be made until this form is returned to the PDSO in Student Services with a notarized bank statement.

Estimated Expenses residing with sponsor:

Tuition and Fees (1 year)	(30 credits x \$238) includes fees	\$7,140.00
Housing and food		provided by sponsor
Books & supplies		\$1,600.00
Other (personal, transportation, etc.)		<u>\$3,500.00</u>
Total		\$12,240.00

Estimated Expenses residing separately:

Tuition and Fees (1 year)	(30 credits x \$233) includes fees	\$7,140.00
Housing and food		\$7,650.00
Books & supplies		\$1,600.00
Other (personal, transportation, etc.)		<u>\$4,500.00</u>
Total		\$20,890.00

Source of Funds:

____ Student's Personal Funds

____ Funds from another Source (Sponsor)

Please mark (X) beside the documents enclosed with this affidavit:

____ Notarized bank statement regarding student's funds in U.S. dollars

____ Notarized documentation from sponsoring agency

____ Notarized bank statement from sponsor, including bank savings, in US dollars.

TO BE COMPLETED BY THE SPONSOR:

Name of Sponsor: _____

Relationship to Student: _____

Address of Sponsor: _____

Telephone Number of Sponsor: _____

PLEASE INDICATE IF YOU WILL BE PROVIDING THE STUDENT WITH:

___ Room & Board ___ Tuition & Fees ___ Additional Expenses

SPONSOR STATEMENT:

I hereby certify that the above information is accurate and that I am aware of the full cost of education at WCCC. I am willing and able to provide _____
Name of Student

with a minimum of U.S. \$ _____ per year during the student's period of study at WCCC. I have attached a certified statement from my bank as evidence of my ability to sponsor the student. As the sponsor of the student, I assure the U.S. Government that the student named on this affidavit will not become a public charge in the United States.

Signature: _____

Date: _____

TO BE COMPLETED BY THE STUDENT:

I, _____, certify that I will have U.S. \$ _____
Print Name

available to me to cover all necessary expenses in connection with my education at WCCC for each academic year.

I understand that the entire tuition and fees for each semester are due prior to the start of classes. I also understand that no financial aid is available. Finally, I understand that my application for admission to WCCC may be cancelled if any of the above information is false.

Signature: _____

Date: _____