

## Financial Support Requirements

- Documents must have a signature, official seal, or be on letterhead from an official agency.
- Documents must state account type and account balance and accounts must be accessible liquid funds.
- Documents must be DATED and be less than six (6) months old when the I-20 is issued.
- Statement must include the account holder's name, date, account type, account balance and currency type.

Funding Sources	Financial Document Types
Personal, Family Funding, or Sponsor	<ul style="list-style-type: none"> <li>• Checking or Savings Account Statements</li> <li>• Term/Fixed/Time Deposits (statement must specify a maturity date in the past)</li> <li>• Certificate of Deposit (CD), mutual, stock, or bond funds (total amount available for withdrawal after penalty)</li> </ul>
Government or other Official Agency Funding	Submit the official letter of sponsorship made out to CLC. Letter must include: <ul style="list-style-type: none"> <li>• Date of issue</li> <li>• Dates/terms funding is provided</li> <li>• If dependents will be covered</li> <li>• Major student is permitted to study</li> <li>• Costs covered or the amount of funding awarded</li> </ul>
Family or Privately-Owned Company Funding	Submit (2) official letters. One on company letterhead. One on Bank Letterhead. Letters must include: <ul style="list-style-type: none"> <li>• Student's name</li> <li>• Name of responsible party (company owner or president)</li> <li>• Responsible party (company owner or president) and Bank representative must sign and date the respective letters.</li> </ul>
The following types of funding are NOT accepted	<ul style="list-style-type: none"> <li>• Documents older than 6 months</li> <li>• Funds that are not immediately accessible</li> <li>• Assets that are not in liquidated form (house, car, etc.)</li> <li>• Life insurance policy statements</li> <li>• Retirement or Pension funds</li> <li>• Tax return forms or documents</li> </ul>

## FINANCIAL AFFIDAVIT OF SUPPORT

The financial support from the student/sponsor should be listed on this document. The total funding required to receive an I-20 from the College of Lake County is \$2 ,60 .00. If you have more than one sponsor in a specific category listed below, please submit an additional financial affidavit of support form.

**Student Information:**

Family Name (Last) \_\_\_\_\_ Given (First) \_\_\_\_\_ Middle \_\_\_\_\_

### DECLARATION OF FINANCIAL SUPPORT

Please check the appropriate box below and fill out the information for your categories ONLY. You do not need to fill out every category below.

SOURCE OF FUNDS	AMOUNT ASSURED 1ST YEAR	REQUIRED DOCUMENTATION
Student's Personal Funds:	U.S. \$ _____	<input type="checkbox"/> Copy of bank statement
Financial Support from Family Member	U.S. \$ _____	<input type="checkbox"/> Sponsor's copy of bank statement Name and relationship of family member(s): _____ _____
Other support:	U.S. \$ _____	<input type="checkbox"/> Sponsor's copy of bank statement Name and relationship of sponsor(s): _____ _____
Government/agency support:	U.S. \$ _____	<input type="checkbox"/> Copy of letter or document from government/agency Name of organization: _____
<b>TOTAL SUPPORT</b>	<b>U.S. \$ _____</b>	This amount should add up to \$24,604 For each dependent, please add \$5,500 to your total support needed. If using more than one form, the total amount funded should still equal \$2 ,60 .00

### CERTIFICATION OF AGREEMENT BY STUDENT

I understand that as a non-immigrant student, I am expected to engage in full-time study at the College of Lake County. I certify that I have arranged for financial support for the duration of my studies at CLC and have truthfully stated the financial arrangements above. I understand that by law I cannot expect to work to support my studies and that I cannot expect to receive financial aid after my arrival.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

### CERTIFICATION OF AGREEMENT BY SPONSOR (if sponsor support other than the student is listed above)

I certify that I, \_\_\_\_\_, am able and willing to provide financial support to \_\_\_\_\_  
(Name of sponsor) (Name of student)

for the total amount of U.S. \$ \_\_\_\_\_ per year while she/he studies at the College of Lake County.

Sponsor's signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_