

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 \$21,964. 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: _____
TOTAL SUPPORT	U.S. \$ _____	This amount should add up to \$21,964. 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 \$21,964.

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 _____