

# AFFIDAVIT OF FINANCIAL SUPPORT

An F-1 international student applying for the SEVIS I-20 form must provide proof of financial capability throughout his/her duration of study at College of DuPage. This can be done with the applicant's personal savings or by sponsorship. Sponsors must guarantee full financial responsibility for the support of the student during his/her entire program. This form must be properly completed in its entirety.

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(last) (first) (middle) (mm/dd/yyyy)*

### Foreign Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### U.S. Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Country \_\_\_\_\_

## SPONSOR INFORMATION

\_\_\_\_\_  
*(Name of Sponsor) (Relationship to Student)*

I/we guarantee without reservation to maintain and support the above named student for educational costs, health insurance and living expenses while attending College of DuPage. I realize that I/we am/are fully responsible and will be held accountable by the College to fulfill my/our solemn oath to uphold this statement.

I/we hereby do promise to provide **\$23,935** (USD) for the first year of study and for each ensuing year of study at the College for:

\_\_\_\_\_  
*(Name of Student)*

I/we will ensure that the student will not become a public charge during his/her stay in the United States. In addition, if the student brings any dependents, I am aware that I will need to provide additional funds to show proof of financial means for the family member(s).

In signing this Affidavit of Financial Support I certify that the information provided on this page is accurate, complete and true. Sponsors who fail to meet their stated commitment jeopardize the student's education and legal status in the United States. Any information given falsely or withheld will affect the decision on the student's application and may make the student ineligible for enrollment.

## NOTARY AND SIGNATURE

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_

### Notary Public or First Class Magistrate

*(provide notary seal in space below)*

\_\_\_\_\_  
*Sponsor Signature Print Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, ZIP*

\_\_\_\_\_  
*Country*

\_\_\_\_\_  
*Telephone Number*

The account holder's name on the bank statement must match the name of the person signing the Affidavit of Financial Support and supporting bank statement(s) must be less than five months old.

**For ADA accommodations**, call (630) 942-2141 (voice) or (630) 858-9692 (TDD). Please call two weeks in advance.