

AFFIDAVIT OF FINANCIAL SUPPORT



All international Intensive English Language Institute (IELI) applicants must complete the Affidavit of Financial Support form. Worcester State University is required by United States government regulations to verify that you have enough funds available to you for tuition, fees, and living expenses for the duration of your stay. We are unable to issue you a Certificate of Eligibility (I-20) before receiving the Affidavit of Financial Support form.

1. STUDENT'S INFORMATION

FAMILY/LAST NAME		FIRST NAME & MIDDLE NAME		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		DATE OF BIRTH (month/day/year)	
ADDRESS						UNIT/APT NUMBER	
CITY		STATE/PROVINCE		ZIP/POSTAL CODE		COUNTRY	
EMAIL ADDRESS			PRIMARY TELEPHONE NUMBER			CELL TELEPHONE NUMBER	

2. FINANCIAL INFORMATION

The estimated expenses for the academic year including tuition, fees, room & board, books, and medical insurance for full-time international IELI students will be \$21,800 USD. Please be aware, only Personal Checking or Savings accounts will be accepted.

<p>How will you support yourself financially while a student at IELI:</p> <p><input type="checkbox"/> I will provide my own financial support</p> <p><input type="checkbox"/> My family will provide financial support</p> <p><input type="checkbox"/> An outside sponsor will provide financial support</p> <p><input type="checkbox"/> My government or an outside agency/foundation will provide financial support</p> <p><i>If a government/foundation is acting as sponsor, please submit sponsor information only. The Financial Declaration Affidavit is not required.</i></p>	<p>If you selected "outside sponsor" or "government or outside agency/foundation," please enter information below:</p>
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3. SPONSOR'S INFORMATION

FAMILY/LAST NAME		FIRST NAME		MIDDLE NAME		RELATIONSHIP TO APPLICANT	
ADDRESS				CITY		STATE	ZIP CODE
EMAIL ADDRESS			PRIMARY TELEPHONE NUMBER			SECONDARY TELEPHONE NUMBER	

This is to verify that I, _____, will provide the necessary financial support for education and living expenses for the duration of the time _____ is a student at Worcester State University. I further guarantee that funds will be readily available for this student's subsequent years of study.

NAME OF SPONSOR (PRINT)

NAME OF STUDENT (PRINT)

By signing this document, I certify that all of the information is true to the best of my knowledge. I also understand that I am legally obligated to follow through with my promise of financial support for this student.

SPONSOR'S SIGNATURE	DATE
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PLEASE SUBMIT WITH BANK LETTER AND APPLICATION PACKAGE