

Affidavit Of Support

Affidavit of Support

Required of all F-1 applicants with funds being provided by family and/or sponsors.

This form must be completed by each sponsor who will provide the student with full or partial support during the student's course of study at Farmingdale State College. Students may not be sponsored by other F-1 or J-1 students. Sponsors must show proof of both annual income and savings. This form should be duplicated as necessary.

Sponsor Information:	
1)	a citizen of
full legal name of sponsor	country
with telephone number	include country, city and area code
residing at	
certify the following:	full legal address
2) I am employed in the capacity of	with
	position/title
L derive an annual income (retirement inco	name of employer ome) of \$(U.S.)
r derive an annual income (retirement inco	onle) of 5(0.3.)
a) I have \$ (U.S.)	on deposit in cash accounts with the following banks:
Name and bank address	
Name and bank address	
Attach current financial statement(s), exec	cuted in English, by an official of the bank(s) with U.S. dollar equivalents.
4) I have de	ependents and estimate my annual expenses in U.S. dollars to be
\$ (annual expenses).	
5) This affidavit is executed on the behalf of	
h a ia mar.	name of student
who is my	(relationship), born on (month/day/year)



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Sponsor Signature Date	
Print Legal Name of Sponsor	
and correct, and I authorize the release of the documents presented to the student and/or U.S requested. I understand that I must get this form notarized.	. government officials if
I swear (affirm) that I know and understand the contents of this affidavit signed by me and the	
□a yearly amount of U.S. OR □ a total amount of U.S. \$	
with Choose one: (U.S. \$5400 suggested for spouse per year and \$3500 suggested per child per	year)
Name(s) of children	
Name of spouse	
9) I am willing and able to support the following individuals who will accompany the student as h	is/her dependents:
Dependent support information (for students with accompanying dependents, only):	
(month/day/year) at the following address:	
8) FOR LOCAL SPONSORS ONLY: I will provide meals (board) for this student until the following d	late
(month/day/year) at the following address:	
7) FOR LOCAL SPONSORS ONLY: I will provide housing (room) for this student until the following	date
Choose one: □ completion of studies OR: □ the following date(month,	/day/year)
tuition, fees, and living expenses each year during his/her program of study at Farmingdale State	College until:
commit to provide the above-named student with the minimum amount of \$ (U.S.)	_
Farmingdale State College is \$35,000 per year. Please note that for students enrolled in the Aero Professional Pilot program there are additional flight fees estimated at \$9000/semester. I am will	
6) I am aware that the full cost of supporting the above named student for his/her undergraduat	

Return form to:

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F: 934-420-2780

Email: samantha. somma@farmingdale.edu