



Office Use Only:
Aims ID#: \_\_\_\_\_

INTERNATIONAL STUDENT
AFFIDAVIT OF FINANCIAL SUPPORT

Aims Community College requires statements of financial support from all applicants for student (F-1) visas. You must have adequate financial resources to provide for your educational and living expenses without having to resort to unauthorized employment. Aims Community College must have verification of your financial resources. Affidavits of Financial Support and bank statements must be dated within six months prior to entering Aims Community College. The bank statements must be on the financial institution's letterhead, and must indicate funds in U.S. dollars. The form I-20 will be issued only if we have assurance that you have full financial support for your proposed program of study at Aims Community College. ALL DOCUMENTS MUST BE IN ENGLISH.

Students Name \_\_\_\_\_

Address: \_\_\_\_\_

Physical and Mailing

City, State, Country, Postal/Zip Code

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Current Visa Status (if in United States): \_\_\_\_\_

Estimated Expenses for international students for Academic Year (two semesters) are:

College Credit Classes (2 semesters)

- \*Tuition and fees \$11,000.00
• Books and supplies 1,500.00
• Medical Insurance (one year) 2,500.00
• Housing, living expenses & transportation 11,000.00
Total \$26,000.00

Intensive English (2 semesters)

- \*Tuition and fees \$ 5,000.00
• Books and supplies 400.00
• Medical Insurance (one year) 2,500.00
• Housing, living expenses, & transportation 11,000.00
Total \$18,900.00

\*Tuition and Fees are based on 12 credits a semester (this is a minimum requirement)

\*This amount is subject to change without notification

\*Living expenses, books, transportation are all estimate costs and not actual costs.

\*\*\*\*\*

Source(s) and Amount of Financial Support. Select the appropriate section and complete all the required information.

Section 1 - Personal Sources
Please complete the following statement and Attach your Bank Statement
I certify that I have \$ \_\_\_\_\_ per year for \_\_\_\_\_ years available in personal funds to cover all my expenses while studying at Aims Community College.
Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

\*\*See reverse side for additional options for financial support\*\*

Section 2 - Private Sponsors

**Family or friend supporting student must complete the following statement and attach a Bank Statement. Statement must be translated into English; on the bank's letterhead; and in U.S. dollars.**

I hereby certify that the following financial support will be available for \_\_\_\_\_  
Name of Student

each year for \_\_\_\_\_ years while studying at Aims Community College. Total amount available each year is \$ \_\_\_\_\_  
U.S. Dollar Amount

**Financial support is available for the following areas (check all that apply):**

\_\_\_\_\_ Cost of tuition, fees, books and supplies

\_\_\_\_\_ Medical Insurance (must provide proof of insurance)

\_\_\_\_\_ Housing and Personal expenses

\_\_\_\_\_  
Name of provider Relationship to student

\_\_\_\_\_  
Address of provider

\_\_\_\_\_  
Signature of Sponsor Date

Section 3 - Sponsor Certification of Award and Billing Authorization

**Must be completed by the sponsoring agency, firm, or government. Must attach award letter on the sponsor's letterhead, translated into English, and in U.S. dollars.**

Terms of award for:

Student \_\_\_\_\_ ID # with your agency \_\_\_\_\_

Major/Degree \_\_\_\_\_ Begin and End Date \_\_\_\_\_/\_\_\_\_\_

Sponsoring Agency Name and Address:

Agency Name: \_\_\_\_\_

Advisor: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street and mailing Address, City, State, Country, Postal/Zip Code

Check items to billed to sponsor and enter limit amount (if amount is not limited, please write "not limited")

Tuition and fees: \_\_\_\_\_ Living Expenses: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Other : \_\_\_\_\_ (explain) \_\_\_\_\_

(proof of medical insurance is mandatory)

Billing Authorization: Aims Community College is authorized to bill the sponsor listed above for the items indicated in accordance with the terms of this student's award.

\_\_\_\_\_  
Authorizing Signature Date

<b>English Proficiency</b>	<p><b>Evidence of English proficiency is required for acceptance into a degree program. Please have test scores sent directly from the testing service.</b></p> <p>Please indicate the test you have taken: _____</p> <p>Date of test: ___/___/_____. What score did you receive? _____</p> <p style="text-align: center; font-size: small;">Month    Day    Year</p> <p>If you are currently attending an English Language School, please indicate the name and location of the school? _____</p> <p>Last date of attendance at an English Language School? _____</p> <p>Last level completed at an English Language School? _____ Please submit verification.</p>																								
<b>Dependents</b>	<p>Will you have dependents accompanying you in the U.S. who will require an F-2 Visa? If so, please fill out the following information for each dependent. Additional financial support will be needed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Surname</th> <th style="width: 15%;">First name</th> <th style="width: 15%;">Relationship</th> <th style="width: 15%;">Date of Birth</th> <th style="width: 15%;">Country of Birth</th> <th style="width: 15%;">Country of Citizenship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Surname	First name	Relationship	Date of Birth	Country of Birth	Country of Citizenship																		
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<b>Medical Insurance</b>	<p><b>Medical insurance is required for all international students and their dependents while studying at Aims Community College. If you do not have a comparable insurance, you must purchase insurance or you will NOT be admitted. Refer to the International Student site at <a href="http://www.aims.edu/international/">www.aims.edu/international/</a> for insurance providers.</b></p> <p>Insurance Provider: _____ Period of Coverage: _____/_____</p>																								
<b>Education</b>	<p><b>High School Education:</b></p> <p>Applicants must submit original language High School transcripts and diploma and <b>certified English translations.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name of High School</th> <th style="width: 20%;">Date of Graduation</th> <th style="width: 20%;">Grade point Average</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>Post Secondary Education (College or University)</b></p> <p>Applicants who have attended college level courses under a foreign system must submit original language transcripts, certificates, and/or diplomas with <b>certified English Translations.</b> Official American college/ university transcripts requested by the applicant must be sent directly from the college/ university to the International Student Advisor at Aims community College.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name of College/University</th> <th style="width: 20%;">State or Country</th> <th style="width: 20%;">Years of attendance</th> <th style="width: 30%;">Name of Diploma or Certificate</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of High School	Date of Graduation	Grade point Average							Name of College/University	State or Country	Years of attendance	Name of Diploma or Certificate											
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<b>Signature</b>	<p>I hereby certify that, to the best of my knowledge, the information furnished in this application is true and complete without intent of evasion or misrepresentation. I understand the above information is submitted under penalty of perjury. False or misrepresented data is sufficient cause for rejection or dismissal.</p> <p>Signature: _____ Date: _____</p>																								