

# Affidavit of Financial Support (applying for Spring 2011 and beyond)

**COMPLETION OF THIS FORM IS NECESSARY FOR ADMISSION TO THE GRADUATE SCHOOL AND ELIGIBILITY FOR A GRADUATE ASSISTANTSHIP.**

*This affidavit and supporting documentation must be dated within nine (9) months of the intended date of enrollment.*

U.S. immigration regulations require Kansas State University to verify that every international student has the financial resources to pay for all educational, living, and other expenses. If you will be applying for an F-1 student or J-1 exchange visitor/student visa, you must certify that you have sufficient funds to cover your expenses. An I-20 or DS2019 (used to obtain the visa) cannot be issued until this affidavit has been completed, signed, and returned with the appropriate supporting documentation.

## **Section 1: Applicant's Declaration**

I understand that unless I receive financial support from Kansas State University, I must have at least \$28,176 (U.S.) per year available to me for my fees and living expenses during my graduate studies. (Breakdown of estimated costs is provided on page 2 of this form.)

I understand that medical care is very expensive in the United States and in the absence of health insurance a full range of medical care may not be available to me. The Kansas Board of Regents requires that all new students admitted to Kansas State University provide evidence of health insurance. Kansas State University strongly recommends that I purchase health insurance for any dependents that accompany me.

My signature certifies that all information provided on this form is complete and accurate, and that I am responsible for all expenses for myself and any dependents accompanying me. Kansas State University is not required to provide financial assistance or employment. In the event financial assistance/employment is awarded, I understand that continued support (beyond the first year) is contingent on many factors, including maintaining satisfactory progress in a degree program and on availability of departmental funding. In the event departmental support is not continued, it will be necessary that I provide my own financial support.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Applicant's Name:  
**(please print)**

Family Name	Given Name	Middle Name

**Major Field of Study:** \_\_\_\_\_

**I plan to bring the following dependents with me (attach additional page if needed):**

Family Name	Given Name	Middle Name	Date of birth (Mo/Day/Yr)	Relationship to Applicant
City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Legal Residence	
Family Name	Given Name	Middle Name	Date of birth (Mo/Day/Yr)	Relationship to Applicant
City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Legal Residence	
Family Name	Given Name	Middle Name	Date of birth (Mo/Day/Yr)	Relationship to Applicant
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City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Legal Residence	
Family Name	Given Name	Middle Name	Date of birth (Mo/Day/Yr)	Relationship to Applicant
City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Legal Residence	

**An additional \$7,000 is required for each year for each of the first two dependents that accompanies you; \$3,300 for each additional dependent.** This amount should be added to \$28,176 for the total amount required per year. The total amount provided must equal the total amount required.

I do not have personal funds available to me for the period of study at Kansas State University.

**OR**

I have the following funds (in U.S. dollars) available to me per year for the period of study at Kansas State University.

1. Personal funds (*please complete Section 3*) \$ \_\_\_\_\_
2. Family funds (*please complete Sections 2 and 3*) \$ \_\_\_\_\_
3. Scholarship/fellowship from (attach **original** award letter with current date): \$ \_\_\_\_\_
4. Other (attach **original** sponsor statement/letter with current date): \$ \_\_\_\_\_
5. Total amount (must equal \$28,176 + amount for each dependent per year) \$ \_\_\_\_\_

## **Section 2: Financial Sponsor's Declaration (Family Members and Others)**

**IF MORE THAN ONE, PLEASE COPY THIS FORM AND HAVE EACH SPONSOR SIGN AND COMPLETE IT.**

Sponsor's name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

City State/Zip Code Country

Area code and telephone number (if in U.S.) \_\_\_\_\_

I hereby guarantee without reservation to provide financial support for \_\_\_\_\_ (name of applicant) for educational costs and living expenses in the amount of US\$\_\_\_\_\_ as required for the first year and each subsequent year while this student is enrolled at Kansas State University. I realize that I am fully responsible, and will be held accountable by the university, for maintaining the terms of this declaration.

Signature of sponsor \_\_\_\_\_ Date \_\_\_\_\_

## **Section 3: Bank Declaration (Applicant and Each Sponsor)**

If a certificate of deposit is submitted, the amount of funds must be shown in U.S. dollars. The document must be an original from the financial institution. Photocopies or fax copies cannot be accepted.

\_\_\_\_\_ has been banking with our financial institution since \_\_\_\_\_ and has sufficient funds to provide support as indicated. That does not constitute a statement of liability/guarantee on the part of this bank.

Bank name: \_\_\_\_\_ Bank official's signature: \_\_\_\_\_

Bank address: \_\_\_\_\_ Date: \_\_\_\_\_

**Here are the estimated expenses for an individual student (without family) for one year at Kansas State University. These are only estimates and are subject to change without notice.**

	<b>Fall &amp; Spring semesters</b>	<b>Summer term</b>
Tuition and Fees	*\$12,705	**\$3,481
Living Expenses (includes room, board, medical insurance, food, etc.)	8,240	2,750
Books and Supplies	750	250
<b>Semester Totals</b>	<b>\$21,695</b>	<b>\$6,481</b>
<b>Yearly Total</b>	<b>***US \$28,176</b>	

\*Based on 9 credit hours for each of the fall (August) and spring (January) semesters.  
\*\*Based on 3 credit hours per Summer (June) semester.  
\*\*\*Additional amounts will be required for a dependent spouse or children @ \$7,000 for each of the first two dependents and \$3,300 for each additional dependent.