

**WARNING: ANY FALSE INFORMATION MAY JEOPARDIZE THE STUDENT'S VISA STATUS AND MAY BE USED AS GROUNDS FOR DENIAL OR DISMISSAL.**

**Affidavit of Support for:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

The I-20 form will not be authorized or released from the institution until this form has been completed in its entirety and returned.

Student's Sources of Funds	Assured Support (US dollars)	Projected Support (US dollars)	I/we certify that the funds are available used for said educational expenses.		
	1st Year	2nd Year	3rd Year	4th Year	
I. Personal or Family Savings	\$ _____	\$ _____	\$ _____	\$ _____	Signature of Official _____ Title _____ Name of Bank _____ Address of Bank _____ Date _____
II. Parents (Sources other than savings or parents)	\$ _____	\$ _____	\$ _____	\$ _____	Signature of Parents _____ Date _____ Relationship of _____ Sponsor to _____ Student _____
III. Sponsors (Sources other than savings or parents)	\$ _____	\$ _____	\$ _____	\$ _____	Signature of Sponsor _____ Address _____ Date _____ Relationship of _____ Sponsor to Student _____
IV. Your Government Name of Agency  a. _____  b. _____	\$ _____	\$ _____	\$ _____	\$ _____	Name of Agency _____ Signature of Official _____ Title _____ Address _____ Date _____
V. Other Name of Source  a. _____  b. _____ (enclose a signed affidavit from authorized person to certify accuracy)	\$ _____	\$ _____	\$ _____	\$ _____	Name of Source _____ Signature of _____ Individual _____ Title _____ Address _____ Date _____
VI. Total from all sources above (Note: Each year's total must equal the total estimated costs for one year)	Total \$ _____	Total \$ _____	Total \$ _____	Total \$ _____	I, _____ certify that the funds are available and will be used for said educational expenses.

Total amount of money you expect to have when you arrive at this institution: U.S. Dollars \$ \_\_\_\_\_

Do you plan to attend summer school? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to remain in the U.S. during the summer? Yes \_\_\_\_\_ No \_\_\_\_\_

**CALIFORNIA UNIVERSITY OF PENNSYLVANIA**  
**Office of Admissions**  
**250 University Avenue**  
**California, PA U.S.A. 15419**

**INTERNATIONAL STUDENT SERVICES**  
**AFFIDAVIT OF SUPPORT**

In consideration of and in exchange for the acceptance of \_\_\_\_\_  
(Name)  
who is my \_\_\_\_\_, as a student at California University of Pennsylvania  
(Indicate Relationship)  
for the academic year beginning \_\_\_\_\_, I solemnly swear that I am able,  
(Date)  
willing, and do promise to provide him/her the minimum amount of \_\_\_\_\_  
(\$25,600 for one calendar year) payable in U.S. dollars for his/her tuition and living  
expenses during said academic year at California University of PA. Evidence of my financial  
resources in the form of a bank statement or employer's statement accompanies this affidavit  
of support.

Sworn to and subscribed before me this

\_\_\_\_\_ the day of \_\_\_\_\_,  
(Month) (Year)

\_\_\_\_\_  
(Signature of Sponsor)

Signature of Notary \_\_\_\_\_.

\_\_\_\_\_  
(Address of Sponsor)

Place Notary's Seal Here.

This form is renewable for each year that the student plans to attend California University of Pennsylvania. The forms will be mailed in February of each year. The inclusion of any false information is grounds for dismissal from the University.

RETURN TO: Admissions Office  
California University of Pennsylvania  
250 University Avenue  
California, Pennsylvania, U.S.A. 15419