



WALLACE STATE

HANCEVILLE • ONEONTA

Office of International Students

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Affidavit of Financial Support

Purpose of the Affidavit: Colleges in the United States are required by the U.S. Immigration and Naturalization Service (INS) to have documentary proof of adequate financial support before they can issue a Certificate of Eligibility which is used to obtain a visa for entrance into this country, or for transfer from another United State college.

Privately sponsored students: Proper completion and submission of this affidavit is required (See "Instructions" for affidavit below). If more than one person will be providing funds, a separate affidavit must be completed by each sponsor. A Bank letter on bank letterhead providing availability of funds must be attached to each affidavit.

INSTRUCTIONS FOR COMPLETING THE AFFIDAVIT OF FINANCIAL SUPPORT:

1. The Affidavit must be fully and properly completed in English, U.S. dollars, and it must be typed or clearly printed in ink.
2. The declaration must be signed by the financial sponsor(s) or student; no one else may sign this section.
3. The affidavit must be sworn to or affirmed in person by the sponsor before a notary public, attorney, U.S. consular officer or other official authorized to administer oaths, and this section must be confirmed by the official in the section of the affidavit entitled "Certification...."
4. Supporting evidence of financial resources sufficient for one year of study and living expenses must be attached (in English and U.S. dollars) to the affidavit. An original letter on bank letterhead must be submitted from a bank or other types of accounts containing readily available funds, providing (1) date accounts opened, and (2) specific amount of funds in the accounts. This information must be dated within 6 months of the intended date of enrollment.
5. **Income tax statements, land holdings, salary declarations, proof of personal property, and computer printouts are not acceptable.**

PLEASE PRINT OR TYPE

1. Applicant's name: _____
2. Sponsor's name: _____
3. Sponsor's mailing address: _____

4. Sponsor's country of birth/ citizenship: _____

DECLARATION BY FINANCIAL SPONSOR OR STUDENT

I, _____ financial guarantor for
 (print sponsor's name)

 (print applicant's name)

I certify that I agree to support the person named above and that he or she will not become a public charge during his or her stay in the United States of America. Furthermore, I am aware of the annual cost for an international student attending Wallace State Community College. I am also aware that these estimates are subject to change without prior notice.

Budget	1 semester	2 semesters	3 semesters <small>(Optional/Summer)</small>
Tuition and Fees (12 credit hours)	\$3516.00	\$7032.00	\$10548.00
Books and Supplies Estimate	\$600.00	\$1,200.00	\$1,800.00
Rent Estimate \$650.00 x month	\$2,600.00	\$5,200.00	\$7,800.00
Utilities Estimate \$200.00 x month	\$800.00	\$1,600.00	\$2,400.00
Meal Plan A (Lunch & Dinner)	\$850.00	\$1,700.00	\$2,550.00
Or Meal Plan B (Includes Breakfast)	\$1050.00	\$2,100.00	\$3,150.00
Total without meal plan	\$7516.00	\$15032.00	\$22548.00
Total with meal plan A	\$8366.00	\$16732.00	\$25098.00
Total with meal plan B	\$8566.00	\$17132.00	\$25698.00

- **Tuition and fees are based on 12 hours each.**
- **Allied Health and Technical programs may have added costs.**
- **Students must make allowances for living and miscellaneous expenses.**

I intend to support the prospective student for the duration of enrollment at WSCC.

Amount of Contribution: U.S. \$ _____ per semester.
 (minimum of \$10,000.00)

I certify that all information provided on this affidavit, and on the attached document(s) providing availability of funds is true and valid. I further certify that I understand this affidavit is a binding contract.

Sponsor's signature: _____ Date: _____

**CERTIFICATION BY NOTARY PUBLIC, ATTORNEY, U.S. COUNSELOR OFFICE
 OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS**

Subscribed and sworn to (affirmed) before me this _____ day of _____, 20____.
 AT _____
 (location)

My commission expires on _____.
 (date)

 (Signature)

 (Title)