

OPTIONAL mailing address (complete **only** if you wish I-20 to be sent to this address – you must **also** complete permanent address on front side of I-20 application form):

House number and street address _____

City _____ State/province _____ Country _____ Postal code (if any) _____

III. Certification of Funds

Document below the amount and sources of funding for your academic program. The annual total must be at least \$41,560 for undergraduate students and \$31,760 for most graduate students. Any combination of sources is acceptable. Each source of funding must provide the appropriate financial documents, **dated within six months of your anticipated program start date**. All amounts should be in U.S. dollars. A Certificate of Eligibility (Form I-20) cannot be issued until this form is completed and returned to the Office of International Admissions with all of the appropriate supporting documents. Funds may be assured by several sources if necessary.

Please note that an additional \$6,500 in financial support is required for a dependent spouse and \$3,500 for each child dependent.

Source	Amount of Funds Available for Each Year of Study
Personal Funds	
Family or Individual Sponsor	
Organization Sponsorship	
C.W. Post Campus	
TOTAL (Must be at least \$41,560 for undergraduates and \$31,760 for most graduates)	

Required supporting documents:

- For personal funds, a current financial (bank) statement on letterhead signed by a bank official. All information must be in English.
- For a sponsor, the ISS Affidavit of Support (Section IV of this form) plus a current financial (bank) statement on letterhead signed by a bank official. All information must be in English.
- For organization sponsorship, a copy of the award letter from the organization. The letter must specify the amount of money that is being provided to you and that the award is valid for each year of study.
- For CW Post funding, a copy of the CW Post award letter.

All financial documentation must be in English or have a certified English translation attached to the original. Photocopied, scanned, and/or faxed documents will not be accepted.

I certify that the information given is an accurate and true statement of my arrangements for financing my studies at CW Post. I also acknowledge that CW Post requires all F-1 students to subscribe to mandatory health insurance.

Signature _____ Print Name: _____

Date _____

IV. Affidavit of Support (To be completed if a family member or other individual will provide financial support for your CW Post program)

I hereby certify that I am able and willing and promise (name of student) _____ a total of U.S. \$ _____ for tuition, fees, and living expenses during each year of study at CW Post. Evidence of my current financial resources accompanies this affidavit.

Signature _____ Print Name: _____

Date _____

Relationship to student (for example: father, mother, cousin, friend): _____

Mailing Address: _____

