



Financial Support Form
Northeast State Community College

Out- of-State Tuition and Fees (subject to change) \$ 16,929.00
 Health Insurance (subject to change) \$ 1,632.00
 Books (estimated) \$ 1,400.00
 Living Expenses (Room/Board/Transportation/Personal, etc.) \$12,383.00

Total Estimated Expenses; US\$32,344.00

Note: *These figures are estimates of the amount needed to cover a student's basic needs for one year. The tuition amount is for two semesters. Many students choose a lifestyle beyond their basic need. If they choose to do so, then they will need additional support.*

1. FINANCIAL SUPPORT

1a. Who will provide financial support during your studies in the United States?

Name of Sponsor

Relationship to Student

1b. If your spouse and/or children will accompany you to the United States, please provide the following information about them:

Family Name	First Name	Date of Birth	Country of Birth	Relationship to Student

1c. If you completed Item 1b, who will provide financial support for these dependents?

Name of Sponsor

Relationship to Student

1d. If your family or an individual is sponsoring you, complete numbers 2,3, and 4 below.

1e. If an agency or institution is sponsoring you, give the sponsor's name and attach a certified copy of the award letter. The document must give the award amount in US\$.

2. STATEMENT OF SUPPORT

Immigration regulations require every international student to verify the availability of financial resources to pay for all education, living, health insurance and other expenses prior to the issuance of Form 1-20 which is used to obtain a student visa (F-1) to enter the United States.

2a. I certify that I will have a minimum of **US\$32,344.00** available to meet my expenses for each year at Northeast State. This amount includes the out-of-state full-time tuition for the fall and spring semesters plus living expenses for the entire year. O Yes -or- O No [Check either yes or no]

2b. These funds will be provided by [check one box]:

- My own savings [Official bank statement or a letter from the bank showing that you have the full amount of money required must be attached]
- My parents [Sponsor's statement and bank statement must be completed, and/or letters) may be attached]
- Other [Sponsor's statement and bank statement must be completed, and or letter(s) may be attached]
- Agency or institution [Letter from organization must be attached]

2c. I further certify that [check both boxes]:

- I will have adequate funds for travel to and from the United States.
- I can make the necessary arrangements to have all funds transferred to the United States by the final day of registration. I understand that failure to do so may result in the nonpayment of my bill, which will result in my course schedule being cancelled.

I understand that immigration regulations prevent me from working at an off-campus job until I have been a student for at least 9 months. On-campus employment is highly competitive and can, therefore, be very difficult to obtain. Further, on-campus jobs usually pay minimum wage. For these reasons, employment cannot be relied upon for a student's financial support.

Signature of Student: _____ Date: _____

3. SPONSOR'S STATEMENT [A letter of sponsorship or USCIS Form 1-134 may be substituted]

I certify that I will make a minimum of **US\$32,344.00** available to _____
Name of Student

during each academic year, with half of the money available to the student by the final day of registration each semester.

Signature of Sponsor: _____ Date: _____

Mailing Address of Sponsor: _____

Sponsor/Student Relationship: _____

4. BANK'S STATEMENT [An original, official letter or statement from a bank may be substituted. Substituted documents cannot be bank statements printed from the Internet. Substituted documents must have the official stamp and/or seal of the bank.]

This is to certify that _____, whose signature appears above, has adequate funds of at least **US\$32,344.00** available to meet the expenses of the applicant named above. This certificate does not constitute a statement of liability on my part or on behalf of the bank.

Bank Official's Signature: _____ Date: _____

Name of Bank: _____

Address: _____



Bank Seal/Stamp