AFFIDAVIT OF SUPPORT

FINANCIAL ABILITY REQUIREMENTS

PARTICIPANT INFORMATION

To qualify for a Form I-20 (F-1 Student Visa) or DS-2019 (J-1 Exchange Visitor Visa), you must demonstrate that you have sufficient and readily available financial resources to support yourself throughout your academic program in the United States. This includes all costs associated with: Tuition and fees, Health insurance, Living expenses (housing, meals), and Personal expenses (transportation, personal needs, books, supplies, etc.).

| Surname(s)/Last Name(s) (as | listed on passport): | | | | |
|---|--|--|-----------------------------------|-----|--|
| Given Name(s)/First Name(s) | (as listed on passport): | | | | |
| Preferred Name (if any): Date of Birth (DD/MM/YYYY): | | | | | |
| Type of Visa Requesting: | Form I-20 – for F-1 Student Visa | Form DS-2019 – for J-1 Excha |) – for J-1 Exchange Visitor Visa | | |
| FUNDING AVAILABLE FROM | A ALL FINANCIAL SPONSORS | | | | |
| Personal Savings | | | \$ | USD | |
| | entire academic program or provide other docum cating salary or proof of a personal investment po | | | | |
| Family/Friend Funds | | | \$ | USD | |
| | | | | | |
| Must be in English, dated within | the past six months, and include the account holo ount type (e.g., checking, savings, or time deposi | der's name, banking institution, current | | | |
| University or Academic Scholarship/Fellowship Funding | | | \$ | USD | |
| Issued by Adelphi or a verified in and the academic period it cover | nstitution. The award letter must specify the type ors. | of award, the exact monetary amount, | | | |
| Approved Loan(s) | | | \$ | USD | |
| _ | nancial institution and include the name of the loa ses, the exact amount approved or disbursed, and | | | | |
| Sponsor Providing Free Housing | | | \$ | USD | |
| | t confirming that the sponsor will provide free hou leed, or rental agreement in the financial sponsor' 335) Graduate (\$18,704) | | | | |
| Business / Company Funds | | | \$ | USD | |
| | pted with appropriate supporting documentation ousiness. If sponsored by a company, you must pr r. | | | | |
| PARTICIPANT SIGNATURE | | | | | |
| I attest that the above information | on is true and accurate. | | | | |
| Applicant Signature: Signature must be handwritten and in | n English (digital signatures will not be accepted) | Date (DD/MM/YYYY): | | | |