



**AFFIDAVIT OF SUPPORT**

You are required to certify that you will have the sum of **\$14,590.00** available for your own expenses for the first academic year at MGCCC, exclusive of travel expenses. You should also indicate how you would meet your expenses for subsequent years of study. In computing your expenses, you should bear in mind that persons holding applicant (F) or exchange visitor (J) visas must be in the US in proper "F" or "J" status for one academic year. Therefore, the applicant should not look for employment as a significant means of support while at MGCCC. Under no circumstances are applicants permitted to work full-time during the academic year.

If you are married and plan to bring your spouse and children, a proportionately large amount must be certified on the basis of at least an additional **\$7,000.00** per year for your spouse and **\$5,000.00** per year for each child. Your

spouse may obtain work permission only if you hold a J-1 Exchange Visitor visa, and then only for his or her and the children's support. Spouses of F-1 applicant visa holders are not permitted to work under any circumstances.

You are likely to need this document to prove that you have sufficient funds. We suggest, therefore, that you make copies of all documents for this purpose.

**PLEASE NOTE:** The US Immigration Service requires that we have verification of sufficient funding for your degree program before a form I-20 or IAP-66 can be issued for you. It is in your best interest to complete this form carefully and thoroughly.

**A. Please indicate form needed:**     I-20 for F-1 Applicant Visa     IAP-66 for J-1 Visa

**B. Please check the appropriate box:**  I plan to come alone  
 My dependents will come later.  
 I plan to bring my family with me (complete the following)

**Wife**    **Husband**    Name: \_\_\_\_\_ Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month   Day   Year

**Children:**    Name: \_\_\_\_\_ Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name: \_\_\_\_\_ Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name: \_\_\_\_\_ Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name: \_\_\_\_\_ Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*MGCCC Estimates that a two-year period will be required for completion of the Associate degree program.*

*Please remember you must indicate how you will meet your expenses for the period of time necessary to complete your degree program.*

***Please complete the information on the reverse side of this form.***

**OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS AVAILABLE**

I, \_\_\_\_\_, certify that the total amount of money that I have available for my first academic year of study at MGCCC (including funds for spouse and children if applicable) is \$\_\_\_\_\_ and that the total amount available for each subsequent year of study is \$\_\_\_\_\_. Further, I certify that the above information is correct and complete, and that I shall notify MGCCC of any changes in my financial circumstances.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Portions of this certificate have been adapted from the declaration and Certification of Finance of the College Scholarship Service of the College Entrance Examination Board).*

	<b>1st Year (Assured support)</b>	<b>2nd Year (Projected support)</b>
<b>PERSONAL SAVINGS:</b>	\$ <input style="width: 100px; height: 20px;" type="text"/>	\$ <input style="width: 100px; height: 20px;" type="text"/>
<b>Names of Bank:</b> _____		

*A bank official's signature is required on this certification if the applicant is supported in part or whole by personal savings.*

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available.

Bank Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Official's Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

<b>PARENTS AND/OR SPONSORS:</b>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
<b>Print name of each person:</b> _____	\$	\$
_____		

*Signature of parent or sponsor is required below.*

This is to certify that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.

Parent/Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Sponsor Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

<b>YOUR GOVERNMENT:</b>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
-------------------------	--	--

Print Name of Agency: \_\_\_\_\_

Type of Award: \_\_\_\_\_

*Enclose signed Letter of Sponsorship*

University or Company: \_\_\_\_\_

Type of Award: \_\_\_\_\_

*Enclose signed Letter of Sponsorship*

<b>TOTALS:</b>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
----------------	--	--

*Each of these totals should equal the estimate given for the costs for one academic year (found on the front of this page).*