California State University, Sacramento

Affidavit of Financial Support for International Students (F-1)

The Immigration and Naturalization Service requires that all students provided evidence of adequate funds to meet the financial obligations of enrollment at a U.S. university. Thus, you must complete all areas of this affidavit that apply, including original signatures. The combined U.S. dollar amount from your sponsor(s) must equal or exceed the minimum listed on the instruction sheet. Bank verification of funds must not be older than six months. PLEASE NOTE YOUR APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WITHOUT THIS FORM AND A BANK VERIFICATION FROM YOUR FUNDING SOURCE STATED IN U.S. DOLLARS.

PERSONAL INFORMATION			-				
Family/Last Name (Name on passport)				First Name (Name on passport)			
				Date of Birth (month/day/year)			
Country of Birth		Country of Citizenship IN ALA		01 05 2005			
SELF, SPONSOR, OR GOVERNM	MENT FUNDING	۲ T					
Please check all appropriate boxes:				Assured amount in U.S. Dollars			
Self							
				In USDollars \$ 34453			
Sponsor (Parents, Relative, others)*				esponsibility, including educational and living expenses for			
1, JOGA SINGT	<u>م</u>	certify that I will assur	ne full financial r	esponsibility,	including ed	ucational and livir	ig expenses for
VANSH PRATAP SINGH while he/she is enrolled at California State University, Sacramento.							
(Name of Student)			Relationship to applicant				
AL al		UNCLE					
Address VILL KHOKHAR	City/Country	Zipcode	Telephone Number				
Address VILL KHOKHAR SULTANPUR LODHI, 10	S INDIA	144626					
* If a sponsor other than a parent is j	providing all or pai	rtial financial assistan	ce, a letter signed	by the sponse	or must accor	mpany this form th	at specifies the
terms of the support, the U.S. dollar amount to be covered for tuition and/or living expenses, and the duration of the sponsorship.							
Government or other Organization Scholarship*				U.S. Dollars			
				a and departments, athletic scholarships, and approved			
*This includes embassies, government loan agencies, government contract agencies, CSU schools and departments, athletic scholarships, and approved non-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the							
support, the U.S. dollar amounts to l	be covered for tuiti	on and/or living expe	nses and the dura	tion of the spo	onsorship.		
						name and address	
Additional Funding from another source: If someone provides room and board at no expense to you, list that person's name and address. Signature of Sponsor Sponsor's Name							
		9 8					
Address	City/country Zipcode			Telephone Number			
	-1-				1		
F-2 DEPENDENT INFORMATIO		1 6, 1		1			
Applicants who plan to bring depe							
If you are married and plan to have	your dependent(s)	live in the U.S. while	you are attending	g California St	ate Universit	ty, Sacramento, yo	u will need to
include in your calculation of acade	mic years costs, the	e amounts of \$3,000.0					
Family / Last Name	First Name Mi			Gender	Date of Birth	Country of Birth	Country of Citzenship
Spouse	- 1 0			al de la	a.		
Child	S an		, j		6		
Child				e . ⁶		а.	
Child	*						
						the same and	
I certify that the statements made ab	ove are true, comp	lete and accurate. I un	derstand that pro	oviding false o	r misleading	information can r	esult in the denial
of my application, or if admitted in my disenrollment for California State University and / or d							
Applicant's signature:				Date:			

JANUARY 02, 2023

Affidavit of Support

If your funding is coming from a private sponsor, such as a parent, family member, or friend, it must be accompanied by an affidavit of support. Please have your sponsor fill out and sign this form and submit it with his/her bank information. If you prefer not use this form, a letter including the same pertinent information is acceptable.

Date: 01 07 2023

University of Wisconsin-Milwaukee International Admissions P.O. Box 413 Milwaukee, WI 53201-0413

Dear Admissions Official:

JAL RANI , (relationship to I, (name of sponsor):

student): AUNT of (student's name): VANSH PRATAP_SINGM, will

provide financial sponsorship in the amount of \$_____7563_____US Dollars for his/her

studies at the University of Wisconsin-Milwaukee.

Sincerely,

Sponsor's Name

Sponsor's Signature

International Student and Scholar Services Garland Hall, Room 138 P.O. Box 413 Milwaukee, Wisconsin 53201-0413 Phone: 414/229-4846 Fax: 414/229-3750 www.international .uwm.edu Rev. 7/2021

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Date: 01

University of Wisconsin-Milwaukee International Admissions P.O. Box 413 Milwaukee, WI 53201-0413

Dear Admissions Official:

I, (name of sponsor): JOGA SINDH _____, (relationship to _____of (student's name): VANSH PRATAP_SINGH_, will student): INCLF US Dollars for his/her provide financial sponsorship in the amount of \$ 34657

studies at the University of Wisconsin-Milwaukee.

Sincerely,

Sponsor's Name

Sponsor's Signature

International Student and Scholar Services Garland Hall, Room 138 P.O. Box 413 Milwaukee, Wisconsin 53201-0413 Phone: 414/229-4846 Fax: 414/229-3750 www.international .uwm.edu Rev. 7/2021

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