

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: 10/Feb/2023

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

Dear Admissions Official:

I, (name of sponsor): Rachana, (relationship to

student): Aunt of (student's name): Rajneesh Sharma, will

provide financial sponsorship in the amount of \$ 38801.3 US Dollars for his/her

studies at the University of Wisconsin-Milwaukee.

Sincerely,

Rajneesh Sharma
Sponsor's Name

Rajneesh Sharma
Sponsor's Signature

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) <u>Sharma</u>		First Name (Name on passport) <u>Rajneesh</u>
Country of Birth <u>India</u>	Country of Citizenship <u>India</u>	Date of Birth (month/day/year) <u>12/01/2002</u>
Term applying for Fall <input type="checkbox"/> Spring <input checked="" type="checkbox"/>	Year <u>2023</u>	Email Address

SELF, SPONSOR, OR GOVERNMENT FUNDING

Please check all appropriate boxes:

Self

Sponsor (Parents, Relative, others)* Relative

I, Rachana certify that I will assume full financial responsibility, including educational and living expenses for

Rajneesh Sharma while he/she is enrolled at California State University, Sacramento.

Signature of Sponsor	Relationship to applicant <u>Aunt</u>
Address <u>W-7 Rensarian Mukhala</u>	Telephone Number
City/Country <u>Bachnalg, India</u>	
Zipcode <u>148105</u>	

* If a sponsor other than a parent is providing all or partial financial assistance, a letter signed by the sponsor must accompany this form that 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*	Source of Scholarship	U.S. Dollars
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*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 be covered for tuition and/or living expenses and the duration of the sponsorship.

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
Address	City/country
Zipcode	Telephone Number

F-2 DEPENDENT INFORMATION

Applicants who plan to bring dependents please complete the following:

If you are married and plan to have your dependent(s) live in the U.S. while you are attending California State University, Sacramento, you will need to include in your calculation of academic years costs, the amounts of \$3,000.00 for your spouse and \$3,000.00 each child.

Family / Last Name	First Name	Middle Name	Gender	Date of Birth	Country of Birth	Country of Citizenship
Spouse	<u>R</u>	<u>M</u>				
Child						
Child						
Child						

I certify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the denial of my application, or if admitted in my disenrollment for California State University and / or deportation from the United States.

Applicant's signature: <u>Rajneesh Sharma</u>	Date: <u>10 Feb, 2023</u>
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FINANCIAL GUARANTEE FORM

IMPORTANT: This form must be filled out completely. Please include a bank letter and bank statement that indicate the required funds are available. Banking documents must be printed on bank letterhead and signed and stamped by a bank official.

Instructions:

Section 1: Must be filled out and signed by the student

Section 2: Must be filled out and signed by the student's sponsor (if applicable).

1. Personal Funds

Please write the amount of personal funds available for at least 9 months, while you will be studying in the U.S. If your sponsor will be providing all of your funding, enter \$0 in the space provided.

AMOUNT AVAILABLE: \$ _____ USD (Attach original bank letter and statement)

I certify that the information provided here is correct and complete.

Print name of student: _____

Signature of student: _____ Date: _____

2. Sponsor or Family Funds

Please fill in the required information below, including your signature and date. Sponsor amount should show the amount that will be available to fund at least 9 months of the student's education in the U.S.

Student Name: Rajneesh Sharma

Print name of sponsor: Rachana

Sponsor Amount: \$ 38755.5 USD (Attach original bank letter and statement)

Relationship to student: _____

Sponsor Address: rpo kasan, kaithal, Jakholi, Haryana, India

Telephone: _____ E-mail: _____

I certify that the information provided here is correct and complete.

Signature of sponsor: Rachana Date: 01-March-2023

NOTE: If you require a dependent I-20, please fill out the Dependent I-20 request form and add an additional \$5,500 for spouse and \$3,000 per child to the required amount on this form. Bank documents must also reflect the additional amounts available for dependents.

Updated 02/22/2018

International Student and Scholar Center

Student Services Building, Room 143 | 3885 West Campus Dr Dept 1130, Ogden, UT 84408-1130 | ☎ 801-626-6853 | ☎ 801-626-7693