

# 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) <b>Sharma</b>		First Name (Name on passport) <b>Aryan</b>	
Country of Birth <b>INDIA</b>	Country of Citizenship <b>INDIA</b>	Date of Birth (month/day/year) <b>11/10/2003</b>	
Term applying for <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring	Year <b>2023</b>	Email Address <b>aryan.sharma.2003hey@gmail.com</b>	

### SELF, SPONSOR, OR GOVERNMENT FUNDING

Please check all appropriate boxes:

Self .....

Sponsor (Parents, Relative, others)\* ..... **Parents** .....

I, **Jai Kumar** certify that I will assume full financial responsibility, including educational and living expenses for

Sponsor's Name

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

**Aryan Sharma**

(Name of Student)

Signature of Sponsor

*Jai Kumar*

### Assured amount in U.S. Dollars

In US Dollars
In USDollars <b>\$ 43,563.8</b>

Relationship to applicant

**Father**

Address <b>H.NO 7A ward NO 05 Geeta Colony</b>	City/Country <b>Karnal INDIA</b>	Zipcode <b>132116</b>	Telephone Number <b>+91 9614350521</b>
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\* 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							
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: <b>Aryan</b>	Date: <b>17 May 2023</b>
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## Release of Information Declaration

Please print all items except signature

I, ARYAN SHARMA (Student's Full Name)

born on 10/11/2003 (Date of Birth), herby declare that

\_\_\_\_\_ (Name of individual or agency)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (E-mail)

is authorized to inquire about and have access to information about my application to Murray State University. I hereby authorize Murray State University to discuss my application and admission status with the above named individual until further written and signed authorization from me.

In addition, I request that you send all correspondence about my application to both the above named individual and me to further expedite my application process.

Aryan

Signature of Student

05 | 17 | 2023

Date (mm/dd/yyyy)

### STATEMENT OF EQUAL OPPORTUNITY

Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. For more information, contact the Director of Equal Opportunity, Murray State University, 103 Wells Hall, Murray, KY 42071-3318. 270.809.3155 (voice), 270.809.3361 (TDD).