

# INDIANATECH

## Sponsor's Affidavit of Financial Support

**Important Information for Sponsors** 

By completing this form, you certify to Indiana Tech and the U.S. Government that you are able and willing to provide the stated amount of money needed each year for this student's studies in the United States. The assumption was made that you understand the real cost of supporting the student's expenses while living and studying at Indiana Tech. Sponsors who fail to meet the stated commitment affect the student's education and legal status in the United States. This form must be completed and signed by all who are assisting financially with the student's education. If necessary, this page can be copied.

### Instructions for sponsors who are completing the affidavit: (please print or type)

- 1. Fill out form completely. Incompletion may cause delays in the applicant's immigration process.
- 2. Commit to provide only the amount you intend and are able to give to the student
- 3. Sign the affidavit before a notary in the United States or other licensed official in your country. The notary or official must sign and officially seal the affidavit.
- 4. Attach evidence of financial support. (see below)
- 5. All documents, including the supporting documents, must be in (or officially translated into) English.

#### Documentary evidence of financial support

- 1. Documentary evidence of financial support can consist of:
  - a. Official bank statements need to include a seal/stamp and signature of bank manager. A letter from the bank manager is acceptable if it lists the account number, account balance and date the account was opened. A letter stating "sufficient funds" or "account in good standing" is not acceptable evidence.
  - b. Letter (on company letterhead) from sponsor's employer listing the salary of sponsor(s)
  - c. Sponsor's retirement plans which can be liquefied.
- 2. Documentary evidence must be original and less than six months old.

Complete the following:	
hereby certify that I, (sponsor's name) AMAN KUMAK	~^
residing at MAJKA RORA N. (29), MAJKA RIDAN, KARNAL, 132157, HARYANA, ZNO.  Street and number City State Postal code Country.	201
will provide (student's name) <u>CACAR</u> with no less than USD \$ 13,165 for each year of study. By signing the affidavit, I agree to provide the stated amount of funds (in USD) for the applicant's first year of study at Indiana Tech.	
My relationship to the student is: UNCLE  Check this box if you are receiving sponsorship from your government or agency.	*
Included is the following evidence of financial support as proof of my commitment (please check all that apply):	
Official bank statement/letter from bank or other financial institution  Letter from employer (on company letterhead) stating annual salary  Document of retirement plan(s)  Other	
Affirmation or oath: I affirm that the information I have given is true and correct.	
Sponsor's signature: Date:  Sworn and subscribed before me: Signature of notary  Date:  Date:  Date:	
NU IARY GOVT OF INDIA	

CHANDIGARH



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  - b. Letter (on company letterhead) from sponsor's employer listing the salary of sponsor(s)
- c. Sponsor's retirement plans which can be liquefied.

  Documentary evidence must be original and less than six months old.

Complete the following:
I hereby certify that I, (sponsor's name) ROSHAN LAL
residing at VPO FATEHPUR MOHALLA, NEARWALTA ATTA CHARKT, PUNDLI, 136042 Street and number City State Postal code Country
will provide (student's name) SALAR with no less than USD \$ 19,944.3 for each year of study. By signing the affidavit, I agree to provide the stated amount of funds (in USD) for the applicant's first year of study at Indiana Tech.
My relationship to the student is: FATHER.
Check this box if you are receiving sponsorship from your government or agency.
Included is the following evidence of financial support as proof of my commitment (please check all that apply):
Official bank statement/letter from bank or other financial institution
Letter from employer (on company letterhead) stating annual salary  Notary's seal/stamp
Document of retirement plan(s)
Other
Affirmation or oath: I affirm that the information I have given is true and correct.
Sponsor's signature: Robertal Attested As Identified Date:
Sworn and subscribed before me: Date:
Signature of notary 7 5 SEP 2022
NOTARY GOVT OF INDIA

CHANDIGARH



### AFFIDAVIT OF SUPPORT FORM

For Use By International Student Applicants

**INSTRUCTIONS:** Please PRINT or TYPE. This form has two initial parts - one for privately supported students and one for agency supported students. Privately supported students receive financial support from their own resources, the parents, or a relative/friend who will provide financial resources. Agency supported students receive support from a government or other agency.

You need to complete only one of the first two parts (private or agency part), unless you will receive support from both these sources. All applicants, including those requesting financial assistance from Gannon University, must complete part 3.

Attached evidence of available finances must be in the form of original notarized or certified official BANK STATE-MENTS, EMPLOYER'S GUARANTEE/STATEMENTS OR AGENCY FINANCIAL GUARANTEE. No uncertif photocopies can be accepted.

Be sure to sign this form after completing Part 1 or Part 2 and Part 3. No immigration documents can be issued until all financial resource certifications have been received by Gannon. In addition, before immigration documents can be issued Gannon University requires pre-payment of one semester's tuition, fees, room and board.

Name of Applicant SAGAR

Country of Citizenship TND	TA	Date of Birth	01/03/1998	
			ē -	
PART 1 - PRIVATELY SUPPORT	TED STUDENTS			
As the financial sponsor of the applic financial support for all expenses of the evidence of available funds for the ac-	ne applicants study a	t Gannon University	y. I am providing	
Name of Sponsor ROSHAN	J LAL		HOTA	<u> </u>
Relationship to Sponsored Student	FATHER	4	S.C. SHARMA	1.
Signature of Sponsor	Jac.		Regd. No. 651	
10(5)	ignature and Seal of		0 29.11.2026 V	<u> </u>
Atteste	d As Identifie	ed	OF INO	
7 N NCT 2022	GOVT OF IND		×	
NOTALL	1			

CHANDIGARH

PART 2 - AGENCY SUPPORTED STUDENTS			
As the financial sponsor of the applicant, our organization versity in the following program/major	n will finanically support the	applicant's stu	dy at Gannon Uni-
Name of Agency			
Students's Agency Identification Number (if known)		Date	
Name and Title of Agency Authorizing Official			
PART 3 - FINANCIAL RESOURCES AVAILABLE	E: SUMMARY STATEM	ENT	
NOTE: Institutional compliance with U.S. law and immig applicants provide evidence of sufficient financial resource available to you from all sources (whether single or comb costs for your degree program at Gannon University. Fund) Personal Funds Available	ces to support their education ined) must at least meet the inds available must be indicated.  Bank Certification	n. The total of e total of estimat ted in U.S. doll.	estimated funds ed academic year ars.
3) Total (1 and/or 2)US\$			
NOTE: Limited financial assistance is available to qualifie	d International Students.		
certify that the information provided on the Affidavit of S		complete	
Signature of Applicant Scaar	Date 106		



109 University Square, Erie, Pennsylvania, 16541-0001 Phone 814-871-7240 or Toll-Free 1-800-GANNON-U Internet: Admissions/a/Gannon-Edu

http://www.gannon.edu

ADVOCATE FOR CAMPUS ACCESSIBILITY

MR. GERARD M. MIELE, DIRECTOR OF NEW STUDENT SERVICES, IS THE 554 ADA COORDINATOR FOR STUDENTS WHO ARE IMPAIRED IN WAYS REQUIRING ACCOMMODATION OF FACILITIES. PROGRAMS, OR SERVICES OF THE UNIVERSITY STUDENTS SEEKING INFORMATION OR ASSISTANCE IS ANY MATTER REGARDING ACCESSIBILITY OR ACCOMMODATIONS SHOULD CONTACT HIM AT THE OFFICE OF NEW STUDENT SERVICES. PHONE (814) 871-759? PROMPTLY LIPON ADAILSTON TO THE UNIVERSITY.

GANNON UNIVERSITY PURSUES A POLICY OF NON-DISCRIMINATION IN ALL ACTIVITIES AND PROGRAMS UNDER ITS SPONSORSHIP. GANNON UNIVERSITY MAKES ALL DECISIONS REGARDING SELECTION FOR ADMISSION, FINANCIAL ASSISTANCE TO SEED AS A MODIFICATION POR EMPLOYMENT. AND ACTIVITIES PERSONNEL ACTIONS WITHOUT REGARD TO RACE DIRECTED TO THE DIRECTOR OF HUMAN RESOURCES, GANNON UNIVERSITY. TOU UNIVERSITY SOUTHER LIKELY PROSESSALES ASSISTANCE.



#### AFFIDAVIT OF SUPPORT FORM

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You need to complete only one of the first two parts (private or agency part), unless you will receive support from both of these sources. All applicants, including those requesting financial assistance from Gannon University, must complete part 3.

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Be sure to sign this form after completing Part 1 or Part 2 and Part 3. No immigration documents can be issued until all financial resource certifications have been received by Gannon. In addition, before immigration documents can be issued, Gannon University requires pre-payment of one semester's tuition, fees, room and board.

Name of Applicant SAGAR	
Country of Citizenship TNDTA Date of Birth 01/03/1998	
PART 1 - PRIVATELY SUPPORTED STUDENTS	
As the financial sponsor of the applicant whose name appears above, I attest to my ability to furnish full financial support for all expenses of the applicants study at Gannon University. I am providing evidence of available funds for the academic year specified for the program indicated on this application.	
Name of Sponsor AMAN KUMAR NOTAGE	
Relationship to Sponsored Student BROTHER  S.C. SHARMA  CHANDIGARH  Remaindered  Re	
Signature of Sponsor Amen Change (C) Spiry Date	*
Date 10 20 2022 Signature and Seal of Notary	
Attested As Identified  NOTARY GOVT OF INDIA  CHANDIGARH	

PART 2 - AGENCY SUPPORTED STUDENTS			
As the financial sponsor of the applicant, our organization w versity in the following program/major_	ill finanically support the	applicant's stud	dy at Gannon Uni-
Name of Agency			
Students's Agency Identification Number (if known)		Date	
Name and Title of Agency Authorizing Official			
PART 3 - FINANCIAL RESOURCES AVAILABLE: S			
NOTE: Institutional compliance with U.S. law and immigration applicants provide evidence of sufficient financial resources available to you from all sources (whether single or combine costs for your degree program at Gannon University. Funds 1) Personal Funds Available	to support their education	n. The total of e total of estimate ted in U.S. dollar enclosed	stimated funds
3) Total (1 and/or 2)US\$	. 1		
NOTE: Limited financial assistance is available to qualified In	nternational Students.		
certify that the information provided on the Affidavit of Sup		complete.	
Signature of Applicant <u>Qagar</u>		10/20/20	2.2



109 University Square, Erie, Pennsylvania, 16541-0001 Phone 814-871-7240 or Toll-Free 1-800-GANNON-U Internet: Admissions@Gannon.Edu

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GANNON UNIVERSITY PURSUES A POLICY OF NON-DISCRIMINATION IN ALL ACTIVITIES AND PROGRAMS UNDER ITS SPONSORSHIP GANNON UNIVERSITY MAKES ALL DECISIONS REGARDING SELECTION FOR ADMISSION, FINANCIAL ASSISTANCE TO STUDENTS APPLICATION, FOR EMPLOYMENT, AND ALL OTHER PERSONNEL ACTIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, OR DISABILITY AS DEFINED BY LAW QUESTIONS OR INQUIRIES REGARDING THE UNIVERSITY'S NON-DISCRIMINATION POLICY SHOULD BE DIRECTED TO THE DIRECTOR OF HUMAN RESOURCES, GANNON UNIVERSITY, 109 UNIVERSITY SQUARE, ERIE, PA 16541-0001, TELEPHONE (814) 871-5615.

### ENROLLMENT APPLICATION FORM

Application ID: LU\_3995

Submitted Date: November 21, 2022

## **Student Information**

First Name		Last Name			
SAGAR		FNU			
Date of Birth		Gender Male		Gender	
January 3, 1998					
City of Birth		Country of Birth			
FATEHPUR		India			
Country of Citizenship					
India					
Mailing Address					
RORO WALA MOHALLA					
VPO FATEHPUR					
City	State/Province	Zip/Pos	tal		
KAITHAL	HARYANA	136042			
Country					
India					
Home Country Address (if di	fferent than above)				
City	State/Province	Zip/Pos	tal		
Country					
Social Security Number (If yo	ou have one)				
Phone		Email			
+917876578820		sagarsagarindia7@gmail.c	om		

#### ENROLLMENT APPLICATION FORM

# **Emergency Contact**

First Name		Last Name	
ROSHAN		LAL	
Relationship			
FATHER			
Address			
RORO WALA MOHALLA			
VPO FATEHPUR			
City	State/Province		Zip/Postal
KAITHAL	HARYANA		136042
Country			
India			
Phone		Email	
+917876578820		sagarsagar	india7@gmail.com
Universities that are recipie certain demographic inform to provide the following inf discriminatory manner.	ents of federal dollars are re nation to meet federal repo ormation voluntarily. This i	equired by to orting requi nformation	the Federal government to solicit irements. Applications are requested will not be utilized in a
Please indicate how you ide	entify yourself:		
Asian or Pacific Islander			
Applicant Status			
International student			
Are you a veteran of the U.S	S. Military?		
Are you a transfer in studer	nt?		
No			

#### ENROLLMENT APPLICATION FORM

# **Application Documents**

Select a program	
Master of Business Administration	
Please choose the program format	
On-Campus	
Distance Education	
Please Select Starting Cohort	
3	
Please Select starting semester	
Spring 2023	
7	
Please submit the following documents. All documents must be accompanied by notarize than English.	ed English translation, if submitted in language other
High School Diploma and Transcripts	
academics-42.pdf	
Transcripts from Higher Educational Institutions	s Attended
Bachelors-16.pdf, bachelors-degree-1.pdf	
Two Letters of Recommendation	Three Letters of Recommendation
Resume with Summary of all Work, Extracurricu	lar Activities, and Education History
resume-5.docx	
Photocopy of Passport or Equivalent	Proof of English
Passport-198.pdf	moi-22.pdf
Copy of US Visa	Copy of current I-20

### ENROLLMENT APPLICATION FORM

One	e-page Essay Explaining Applicant's Inter	est in a Lincoln University Program			
esso	ay-lincoln.docx				
App	lication statement				
Rec	ruiter				
Αp	plicant's Declaration of Fin	ances			
doc the lett	international applicants are required uments to demonstrate their ability to p academic program. An applicant or a s er from an officer of the bank or other fin al or exceed the amount required for on	to complete this form and provide financial support bay all tution, fees, and living expenses for the first year of sponsor must submit a bank statement or a verification nancial institution giving the present balance, which must he year of study (\$20,065).			
Wh	o will pay for your educational expenses	at Lincoln University?			
$\bigcirc$	Myself Sponsor				
The me	funds for my educational expenses are of to use them for my educational purpose	on deposit in a bank or in a financial institution allowing es. (please choose one)			
Sou	rce of Funds				
$\bigcirc$	Bank: Please upload below a bank statement and available for my educational use.	nt verifying that these funds are deposited in bank on my name			
0	Financial Institution: Please upload below a letter/statement verifying that the funds will be made available for my educational use in the U.S.A.				
Nar	ne of Bank/Financial Institution				
Plea	ase upload a bank statement of financial	institution letter/statement			
fund	ds-26.pdf				
Sp	onsor's Information				
Firs	t Name	Last Name			
ROS	SHAN LAL	AMAN KUMAR			

#### ENROLLMENT APPLICATION FORM

Sponsor's relationship to St	tudent		
ROSHAN LAL (FATHER), AMAN K	JMAR (BROTHER)		
Sponsor's Country of Citize	nship		
India			
Sponsor's Address			
VPO FATEHPUR MOHALLA			
NEAR WALIA AATTA CHAKKI,			
City	State/Province	Zip/Postal	
PUNDRI	HARYANA	136042	
Country			
India			
Sponsor's Phone			
+917876578820			

## Agreement

sagarsagarindia7@gmail.com

Sponsor's Email

I agree that I am bound by the Lincoln University's regulations concerning application deadlines and admission requirements. I agree to the release of any transcripts and test scores to this institution. I certify that this information is complete and accurate. I understand that making false or fraudulent statements within this application or residency statement will result in disciplinary action, denial of admission and invalidation of credit or degrees earned. If admitted, I agree to abide by the policies, rule, and regulations of Lincoln University. Should any information change prior to my entry into the University, I will notify the Office of Admissions.

I understand that my application will not be processed without submitted application fee. I understand that the application fee I submit with this application is a non-refundable fee.

Do you understand and agree to the terms listed above?

/

Yes, I understand and agree to the terms listed above.

Signature



ENROLLMENT APPLICATION FORM

## **Payment**

**Total Application Fee** 

\$95.00

If you need to pay by WIRE, please contact the admissions office at +1-510-628-8010 or email at wire@lincolnuca.edu. Wire Transfer Details can be found HERE

### Thank You

Thank you for successfully applying to Lincoln University. The application will be processed on the basis of first come first serve basis.

If you needed to contact admissions office, please do not hesitate to contact via email at admissions@lincolnuca.edu or phone at +1-510-628-8010.

For technical help, please contact us at helpdesk@lincolnuca.edu or call at 510-628-8020. For More information about the university, please visit www.lincolnuca.edu