## 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: 26 Sept 2022	
University of Wisconsin-Milwaukee International Admissions P.O. Box 413 Milwaukee, WI 53201-0413	
Dear Admissions Official:	
I, (name of sponsor): MAKHAN LAL	_, (relationship to
student): UNCLE of (student's name): SUNPREET	SINGH, will
provide financial sponsorship in the amount of \$ 26,258.9	US Dollars for his/her
studies at the University of Wisconsin-Milwaukee.	
Sincerely,	
MAKHAN LAL Sponsor's Name	
Markhan Marine	
Sponsor's Signature	

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Date: 26 Sept WIL	
University of Wisconsin-Milwaukee International Admissions P.O. Box 413 Milwaukee, WI 53201-0413	
Dear Admissions Official:	
I, (name of sponsor): SANJEEU KUMAR,	(relationship to
student): UNCLE of (student's name): SUNPREET	SINGH_, will
provide financial sponsorship in the amount of \$	US Dollars for his/her
studies at the University of Wisconsin-Milwaukee.	
Sincerely,	
SANJEEV KUMAR	
Sponsor's Name	7
Sarjeel Rumers	
Sponsor's Signature	

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ate: 26 Sept 2022
niversity of Wisconsin-Milwaukee hternational Admissions .O. Box 413 filwaukee, WI 53201-0413
Dear Admissions Official:
(name of sponsor): MANISH KUNAR , (relationship to
tudent): UNCLE of (student's name): SUNPREET SINGH , will
provide financial sponsorship in the amount of \$US Dollars for his/he
studies at the University of Wisconsin-Milwaukee.
Sincerely,
MANISH KUMAR Sponsor's Name
Manish Kumas
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	v *								
Family/Last Name (Name on passport)			First Name (Na	First Name (Name on passport)  SUNPREET SING H					
Country of Birth	DIA	Country of Citizenship	DIA	Date of Birth (n	nonth/day/year)	PRIL /12/20	<b>10</b> 3		
Term applying for Fall	Spring V	Year 2023		Email Address	preets	ingh Ph@g	mail con		
SELF, SPONSOR, OR GOVERN Please check all appropriate boxe		G		Assured an	nount in U.S.	Dollars			
Self				In US Dollars		3	×		
	Sponsor (Parents, Relative, others)* Lelative In USDollars \$ 17, 234. 9								
I, MANISH K Sponsor's Name	UMAR	certify that I will assu	me full financial	responsibility	, including e	ducational and livi	ng expenses for		
SUN( (Name of Student)	PREET S	INGH	while he/she is	enrolled at Ca	alifornia Stat	e University, Sacra	amento.		
Signature of Sponsor				Relationship to	applicant UN	ICLE			
Address & 3, D-314 5 W Mahan nagar , KR	and NOII	City/Country  JNDIA	Zipcode 136 ll B	Telephone Num		29 7029			
* If a sponsor other than a parent is terms of the support, the U.S. dollar	providing all or pa					•	nat specifies the		
Government or other Organization		Source of Scholarship	3 1	U.S. Dollars		Į.			
*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 Signature of Sponsor				_		s name and address	3.		
Signature of Sponsor	Ø	a	Sponsor's reame	2			١		
Address	esas.	City/country	Zipcode	Telephone Num	ber				
F-2 DEPENDENT INFORMATION		1 (1)		3 2					
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 acade  Family / Last Name		ne amounts of \$3,000.0	00 for your spous Middle Name	e and \$3,000.0 Gender	00 each child	. Country of Birth	Country of Citzenship		
Spouse		in the first training the first training trainin	Tridge Trains	Gender	Date of Birth	Country of Dirth	Country of Citzensinp		
Child									
Child		2 2		2		=			
Child						2			
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 disenvollment for California State University and / or deportation from the United States.									
Applicant's signature:  Surpret Singh  Date: 26 Sept 2022									
	V	1							

# 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			7						
Family/Last Name (Name on passport)			11	First Name (Name on passport) SUNPREET SINGH					
Country of Birth TNDIA	Country of Citizenship INDIA		Date of Birth (m		12   200 3				
Term applying for Fall Spring	Year 20 <b>2</b> 3		Email Address	unpree	tsinghph	D gmail.			
SELF, SPONSOR, OR GOVERNMENT FUNDI Please check all appropriate boxes:	NG		Assured an	ount in U.S. I	Dollars	8			
Self			In US Dollars	7		0			
Sponsor (Parents, Relative, others)*	Relative		In USDollars	\$	17,253	. 1			
I, SANJEEV KUMAR	certify that I will ass	ume full financial	responsibility,	including ed	lucational and livi	ng expenses for			
SUNPREET SING	4	while he/she is	enrolled at Ca	llifornia State	e University, Sacra	amento.			
(Name of Student) Signature of Sponsor			Relationship to a						
	7		T. L. L North		JCLE				
Address 314 Thanesas, Mohannagai Kusuk Shetra	Trug) succe	8	Telephone Num	6284	297029				
* If a sponsor other than a parent is providing all or terms of the support, the U.S. dollar amount to be co	partial financial assista	ance, a letter signe or living expenses.	d by the spons and the durati	or must according on of the spo	mpany this form the onsorship.	hat specifies the			
Government or other Organization Scholarship*	Source of Scholarship		U.S. Dollars						
*This includes embassies, government loan agencies non-resident tuition waivers. Please send an original support, the U.S. dollar amounts to be covered for to Additional Funding from another source: If some Signature of Sponsor	l signed copy of the avaition and/or living exp	vard letter on orga penses and the dur	nizational lette ation of the sp	rhead that sp onsorship.	ecifies in English	the terms of the			
Address	City/country	Zipcode	Telephone Num	ber		¥ .			
etae					77				
F-2 DEPENDENT INFORMATION Applicants who plan to bring dependents please of	complete the followin	g:			<i>i</i> c-				
If you are married and plan to have your dependent	(s) live in the U.S. whi	le you are attendir	ng California S	tate Universi	ty, Sacramento, yo	ou will need to			
include in your calculation of academic years costs,		).00 for your spou Middle Name	se and \$3,000.	00 each child  Date of Birth	Country of Birth	Country of Citzenship			
Family / Last Name Spouse	First Name	Wilddie Name	Gender	Date of Birth	County of Bitti	Country or country			
Child			-						
Child	~								
Child									
I certify that the statements made above are true, co	mplete and accurate. I	understand that p	roviding false	or misleading	information can	result in the denial			
of my application, or if admitted in my disenrollment	nt for California State	University and / o	r deportation f	rom the Unite	ed States.	* •			
Applicant's signature:	,0		Date.	26 90	pt 2022				