

## Office of International Programs

One Felician Way • Rutherford, NJ 07070, USA <u>oip@felician.edu</u> • Felician.edu

Tel: 201.559.3518

## Financial Sponsor Affidavit: Sponsor Certification

certify that I am willing and able to sponsor	Saluty at Sugh
with the minimum amount of \$ 38, 328.	U.S. dollars for his/her tuition and living
Amount expenses while attending Felician University. I have	
dollars indicating sufficient funds to sponsor the s	tudent, dated and signed by a bank official no
more than six (6) months before the student's en	rollment at Felician University.
Dolas	Dalli
Sponsor's Signature	Sponsor's Printed Name 12 / 13 / 2022
Relationship to Student anaj mardi fatalpu, Dist	Month Day Year  Sahihjot singh 2002 india @ gmenil  Email  Judia  Com
Street Address Kauthail Haryana, 136042	
City, State/Province, Postal Code	Country
+91 8847054805	
Telephone (please include country code, if applicable)	

Bank statements must show sufficient funds to cover costs for tuition and fees,
books and supplies, and living expenses (if applicable).

All costs are subject to change. Each sponsor must complete a separate Financial Sponsor Affidavit and submit official bank documentation verifying availability of funds.

## 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 ,			I Inc. at at				
Family/Last Name (Name on passport)			First Name (Name	First Name (Name on passport)  SAHIB JOT SINUH			
Country of Birth TNDIA	Country of Citizenship	AMU	Date of Birth (mor		07/2002		
Term applying for Fall Spring	Year 2023	Sahi bjotsuigh 2002 india Egn					
SELF, SPONSOR, OR GOVERNMENT FUNDIN Please check all appropriate boxes:	IG		Assured amo	ount in U.S. I	Dollars		
Sponsor (Parents, Relative, others)*	Relative	f	In USDollars	8	38,328	. 1	
I, DAUI Sponsor's Name	certify that I will ass			including ed	ducational and livi	ng expenses for	
SAHIBJOT SINGH		while he/she is			e University, Sacra	amento.	
Signature of Sponsor			Relationship to applicant  AUNT				
Address ANaj Mandi faterpur,	City/Country Jucka	Zipcode   36042		91 88	4705488		
* If a sponsor other than a parent is providing all or parents of the support, the U.S. dollar amount to be co	partial financial assist vered for tuition and/ Source of Scholarship	or living expenses,	and the duration	on of the spo	onsorship.	nat specifies the	
Government or other Organization Scholarship*		CSII aal	seels and dame	etmants ath	letic echolarshins	and approved	
*This includes embassies, government loan agencies, non-resident tuition waivers. Please send an original support, the U.S. dollar amounts to be covered for tu	signed copy of the av ition and/or living ex	ward letter on organ penses and the dura	ation of the spo	nead that sp onsorship.	ectiles in English	the terms of the	
Additional Funding from another source: If some another of Sponsor	one provides room an	d board at no exper	ise to you, list	that person's	s name and addres	S.	
Address	City/country	Zipcode	Telephone Numb	Telephone Number			
F-2 DEPENDENT INFORMATION	1. 0. 6.0						
Applicants who plan to bring dependents please c If you are married and plan to have your dependent(s	s) live in the U.S. wh	ile you are attendin	g California St	ate Universi	ity, Sacramento, ye	ou will need to	
include in your calculation of academic years costs,	the amounts of \$3,00 First Name	0.00 for your spous  Middle Name	Gender \$3,000.0	Date of Birth	Country of Birth	Country of Citzenship	
Family / Last Name Spouse	THSCHAIL						
Child							
Child							
Child						1	
I certify that the statements made above are true, cor of my application, or if admitted in my disenrollmen	mplete and accurate. I	understand that pr University and / or	oviding false of deportation from	r misleading om the Unit	g information can ed States.	result in the denial	
Applicant's signature: Sawhjab Sings			Date				