MCNEESE STATE UNIVERSITY AFFIDAVIT OF SUPPORT FORM

You are required to certify that you will have available the sum of \$21,000 USD for your own expenses for each academic year at McNeese State University, exclusive of travel expenses. Students who plan to stay in the United States through the summer will need additional money for that three-month period. This form must be signed by your sponsor and must be accompanied by a recent (within the past 6 months) bank statement or letter from a bank official verifying that your sponsor has a current minimum balance of \$21,000. If you are a married student and plan to bring your spouse and/or children, you must show an additional \$4,800 per academic year for your spouse and \$3,000 for each child. Please note that a form I-20 (for the issuance of a F-1 visa) cannot be issued until you have been admitted to McNeese State University.

Section 1: Applicant Information & Certification	
CINCH	McNeese ID#:
Student Name: GURSEWAK SIN (7H Physical Address in Home Country: QUATER NO.1 SAMIR, CHANDNI	GURUDWARA SIS GANT
Physical Address in Home Country. QUY TEX 100 11	CHOWK, DELHI
110006 DELHI -I	NOIA
110006 1.00	
Please check the appropriate box:	
I plan to come alone	
I am a returning or continuing student	
I plan to bring the following dependents with me:	
Spouse	
Children #:	
I certify that the total amount of money that I have available for my	first academic year of student at McNeese State University
(including funds for spouse and children if applicable) as mentioned	ed below is correct and complete and that I shall notify McNeese
State University of any change in my financial circumstances.	
	la T
Applicant's Signature: Cyulsewale	Date: 12 JUNE, 2025
Section 2: Sources of Support	
Occion 2. Godines of Cappen	
Please print first and last name of parent and/or sponsor below. F	Please print "SELF" if self-sponsoring.
The state of the s	
Sponsor Name (Print): DARSHAN KAU	2
Relationship to Applicant: A12 N T	
Amount (in US dollars) of Funds Available for Each Year of Study	1.\$ 51028·78
McNeese requires a minimum of \$21,000 to be shown. Be sure to	include dependent cost, if any.
This is to certify that I have read the information furnished by the	applicant on this form and that it is true and accurate. I make this
Affidavit for the purpose of assuring the United States Government	nt that the applicant, as well as the applicant's dependents in the
U.S., will not become a public charge while in the United States.	By my signature, I state that I have the amount of funds (U.S,
dollars) available for the first academic year and will make available	ole additional funds for each additional year of study.
Sponsor's Signature: Dankon kan	Date: 12 JUNE, 2025



Affidavit of Support Form

NAME: GURSEWAK SINGH			BIRTHDATE: 04/18/2007		
First Name - Last /	Family Name - Middle Ini	tial			MM/DD/YYYY
Do you now hold a valid U.S. studen	t/scholar visa?	Yes No	lf Yes, what typ	oe (F-1 or J-1);	
If you hold an F-1 visa, list the institu	tion that issued you	ır I-20, and your S	SEVIS Identific	ation number	(top right-corner of I-20):
NSTITUTION/SCHOOL:			YOUR SEVIS ID#:		
If you hold a J-1 visa, list the institutio email address, phone, and fax numbers	_	•		fication numbe	er. Also give the name
INSTITUTION / SCHOOL:	L:		YOUR SEVIS ID #:		
RESPONSIBLE OFFICER (RO):	EMAIL:		PHONE:	FAX:	
If family members will be coming to	the USA with you	, please comple	te the informa	tion below:	
NAME (FIRST, LAST, MIDDLE INITIAL)	BIRTHDATE (MM/DD/YYYY)	COUNTRY OF BIRTH		GENDER (M or F)	RELATIONSHIP (i.e. SPOUSE, SON, DAUGHTER)
NA		NA	<u>. </u>	NA	NA
	Statement of	^f Financial Spo	nsorship		
Students must have sufficient money to for one academic year is approximated the information below about your sporsupport. If your sponsor is a government of the sponsor that includes the term	o meet all expenses y \$31,729 for under nsor. Request your s ment agency, orga	while attending C graduate students sponsor to send a unization, or oth	alifornia State l and \$30,734 fo bank letter/stat	or graduate stu tement showing	idents. Please complete g amount and source o
SPONSOR'S NAME: DARSHAN	KAUR				
SPONSOR'S ADDRESS: WZ 106	, GALI NO 18 MBS	NAGAR GURU	NANAK NAGA	AR, NULL-110	018, INDIA
SPONSOR'S PHONE NUMBER(S): 9	320349164				
SPONSOR'S RELATIONSHIP TO YOU:	AUNT	PARENT, UNCLE, FRIEN	ID FTC)		