# **Affidavit of Financial Support**



Science Illustration Certificate Program Academic Year 2025-2026

This confidential Affidavit of Financial Support must be completed and submitted as part of your application to participate in the degree program at CSUMB. It is required for the issuance of your immigration documents.

### YOUR APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WITHOUT THIS FORM.

. Applicant Information		PLEASE TYPE OR PRINT CLEARI	
Name:			
First Name	Middle Initial	Last (Family Name)	
I. Financial Resources			
Approximate Cost for S	cience Illustra	tion Certificate Program	
Tuition and fees		\$31,317	
Living expenses	\$16,262		
Health insurance		\$1,600	
Personal expenses, books		\$3,052	
Estimated Materials & Sup	plies	\$3,500	
	Total	\$55,731	
All international students must be covered by the CSUMB health insurance Please note that costs are approximate, and may vary by personal preference		ubject to change.	
Additional Expenses for Applicants with Dep If you plan to have your spouse/children to enter the U.S for your spouse and \$2,000 per semester for each child	as dependents on y in your cost calcula	our visa, you will need to add \$4,000 per semester	
II. Approximate Cost for the Duration of Y	our Program		
1. Approximate Cost for the duration of your progra (15 months)	<sup>m</sup> \$55	5,731	
<ol> <li>Approximate Cost for Dependants         (\$8,000 per month for spouse, \$4,000 per month for child, per dependent total number of months)     </li> </ol>	endent \$		
3. APPROXIMATE TOTAL COST  Your total financial support must equal or exceed this amount	\$		

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## **IV. Financial Support**

amount here. You will need to verify the accessibility of these funds by providing (1) a	\$   loan, indicate the total amount of your current personal financial resources or the loan   original letter from your bank(s)/lending institution(s) with an official bank seal/   inted bank statement with an official bank seal/stamp and a bank official's signature.	
If your time at CSUMB will be funded in part or fully by a private sponsor (i.e. a parent, family member, or friend), indicate the total amount you expect to receive from this sponsor. You will need to verify that your sponsor has accessible funds meeting or exceeding the amount you expect to receive by providing (1) an original letter from your sponsor's bank(s) with an official bank seal/stamp and a bank official's signature which proves your financial support OR (2) a printed bank statement with an official bank seal/stamp and a bank official's signature. Examples below.  Sponsor's Signature  Sponsor's Name (Print)  Relationship for Sponsor to Applicant		
Complete Address	Date	
Government, Foundation Agency and/or Corporate Fellows  If your time at CSUMB will be funded by CSUMB, a government organization, foundat from this agency or agencies. You must verify this amount by providing an original le support, and any conditions or terms that pertain.	on, agency or corporate fellowship, indicate the total amount you expect to receive	

## NOTE THAT THE TOTAL AMOUNT OF ALL SUPPORT IN SECTION IV: "FINANCIAL SUPPORT" MUST EQUAL OR EXCEED THE AMOUNT INDICATED IN SECTION II: "FINANCIAL RESOURCES"

#### **Examples of documents which ARE acceptable:**

- Loan or award letters stamped or certified by a lending institution
- Bank letters signed or stamped by a bank official
- Bank Statements signed or stamped by a bank official

#### Examples of documents which ARE NOT acceptable:

- Bank Letters without the name of the account holder
- Credit card statements, lines of credits, or proof of investments
- Life insurances policies, stocks, bonds, or tax returns

### THIS FINANCIAL AFFIDAVIT IS NOT VALID WITHOUT THE SIGNATURE OF THE APPLICANT.

## V. Applicant Signature

Applicant: My signature certifies that I have read and understood the information provided on this form and that my statements are correct. My signature further certifies that I fully understand that this serves as an estimated amount of money necessary to cover all living expenses while attending California State University, Monterey Bay and that it is my responsibility to provide sufficient funds.

Signature of Student	Date