# **Affidavit of Financial Support**

American Language and Culture Program Academic Year 2024-2025

This confidential Affidavit of Financial Support must be completed and submitted as part of your application to CSUMB. It is required for the issuance of a Certificate of Eligibility (Form I-20 or DS-2019) for a student visa.

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

. Applicant Information			PLEASE TYPE OR PRINT CLEAR		
Name:					
First Name		Middle Initial	Last (	Last (Family Name)	
I. Financial Resour	ces				
	Approximate	Cost for American La	nguage & Cult	ure Program	
8 Week Session:		One Semester:		One Academic Year	<b>'</b> :
Tuition and fees Living expenses <sup>2</sup> Health insurance <sup>3</sup> Personal expenses	\$2,889 \$3,650 \$400 \$800	Tuition and fees Living expenses <sup>2</sup> Health insurance <sup>3</sup> Personal expenses	\$5,739 \$7,550 \$800 \$1,600	Tuition and fees Living expenses <sup>2</sup> Health insurance <sup>3</sup> Personal expenses	\$11,478 \$15,100 \$1,600 \$3,200
·	AL \$7,739	•	L \$15,689	·	TAL \$31,378
<sup>2</sup> Includes Housing Reservation Depo Actual meal plan costs \$1,650 - \$2, <sup>3</sup> All international students must be o	sit (\$100 credited to housing 300 per semester. Covered by the CSUMB heal	on, housing, health insurance, airport tran ng balance) and typical expenses for housi th insurance policy sonal preference and situation, and are su	ng & meal plans. Actual h		er.
If you plan to have your s for your spouse and \$2,0	pouse/children to 00 per semester fo	s with Dependents (speenter the U.S as dependents or each child in your cost calconation of Your Progra	on your visa, you v ulation.		emester
1. Approximate Cost for Use check-mark to designate		your program	8 week session \$7,739		ne academic ye 31,378
2. Approximate Cost for (See above. Mark "0" if not a	•	tion) \$			



Seaside, CA 93955

Your total financial support must equal or exceed this amount

3. APPROXIMATE TOTAL COST

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## IV. Financial Support

Personal Savings or Private Loans	\$				
If your time at CSUMB will be funded in part or fully using personal savings or private loan, indicate the total amount of your current personal financial resources or the loan amount here. You will need to verify the accessibility of these funds by providing (1) an original letter from your bank(s)/lending institution(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.					
Family or Private Sponsor(s)	\$				
If your time at CSUMB will be funded in part or fully by a p sponsor. You will need to verify that your sponsor has acce sponsor's bank(s) with an official bank seal/stamp and a bank official's signature. Examples:  Sponsor's Signature	ct to receive by providing (1) an original letter from your				
Complete Address		Date			
Government, Foundation Agency and/or Corporate Fellowship Fund  \$					
If your time at CSUMB will be funded by CSUMB, a govern from this agency or agencies. You must verify this amoun support, and any conditions or terms that pertain.					

## 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

Date

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

# V. Applicant Signature

**Signature of Student** 

**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.

