

# Affidavit of Financial Support

J1 Scholars and Professors

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

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

## I. Applicant Information

PLEASE TYPE OR PRINT CLEARLY

Name: _____		
First Name	Middle Initial	Last (Family Name)

## II. Financial Resources

### Approximate Cost Required per Month of Stay

**\$2,300 per month** required to cover housing, meals, health insurance, transportation and personal expenses.

### Additional Expenses for Applicants with Dependents (spouse/children) ONLY

If you plan to have your spouse/children to enter the U.S as dependents on your visa, you will need to add \$1,000 per month for your spouse and \$500 per month for each child in your cost calculation.

## III. Approximate Cost for the Duration of Your Program

<b>1. Approximate Cost for full program</b> Multiply \$2,300 by the number of months of your stay	\$
<b>2. Approximate Cost for Dependents</b> Calculate the total cost of dependents using above calculation applicable to your situation.	\$
<b>3. APPROXIMATE TOTAL COST</b> Your total financial support must equal or exceed this amount	\$

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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 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 Fellowship Fund

\$

If your time at CSUMB will be funded by CSUMB, a government organization, foundation, agency or corporate fellowship, indicate the total amount you expect to receive from this agency or agencies. You must verify this amount by providing an original letter from the agency (or agencies) specifying the amount of the award, period of 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

**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 Applicant

\_\_\_\_\_  
Date