



**OWENS**  
COMMUNITY COLLEGE

**FINANCIAL CERTIFICATION FORM**

**FUNDING:** Total amount necessary for first year of study must be documented in a bank statement and immediately available. Support for future years of study must be reasonably attainable and documented through bank statements, employment letters, business revenues, and other income. All financial documents are valid within 6 months of date on the document. Any form not completed and stamped/certified by the appropriate official and not accompanied by official documents will be considered incomplete and an I-20 will not be issued. The total amount of money required for each academic year of study is \$ 22 500.

**SPONSORS:** If a sponsor is providing any funds, the sponsor must complete the Affidavit of Sponsorship section of this form. If multiple sponsors, then each sponsor must fill out a form. Funds coming from a sponsor must be documented with bank statements, employment/salary letters, business revenue, etc.

**SECTION 1: TO BE FILLED OUT BY PROSPECTIVE STUDENT**

Name (as appears in your passport):

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Your intended program of study is: \_\_\_\_\_  
\_\_\_\_\_ : # Years required to complete your program (*please ask International Student Services for this information*)

Please indicate the amount to be provided by each of the following or put "N/A" for "not applicable":

- \$ \_\_\_\_\_ Personal funds (student's own bank account) Bank Statement attached: Y / N
- \$ \_\_\_\_\_ Sponsor #1 - Relationship: \_\_\_\_\_ Documented Support attached: Y / N
- \$ \_\_\_\_\_ Sponsor #2 - Relationship: \_\_\_\_\_ Documented Support attached: Y / N
- \$ \_\_\_\_\_ Other - Please specify: \_\_\_\_\_ Documented Support attached: Y / N

I certify that the above information provided is correct and complete. I shall notify Owens Community College of any change in my financial circumstances.

Student's Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

**SECTION 2: TO BE FILLED OUT BY SPONSOR**

**AFFIDAVIT OF FINANCIAL SUPPORT**

I hereby attest that I am willing and able to provide no less than USD \$: \_\_\_\_\_ per YEAR to the student named below for each year of study at Owens Community College. I have attached the following documents to prove the support is available and attainable:

Bank Statements

Employment/Salary Letter

Business Revenue Statement

Name of Student: \_\_\_\_\_

My relationship to the student is: \_\_\_\_\_

My full address is:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently sponsoring or planning to sponsor any other students in the U.S.? Yes No

Please note your financial commitment to each additional student:

Student #1: \$ \_\_\_\_\_ Student #2: \$ \_\_\_\_\_ Student #3: \$ \_\_\_\_\_

I hereby affirm or swear that the contents of the above statement are true and correct.

Printed name of sponsor (in English): \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

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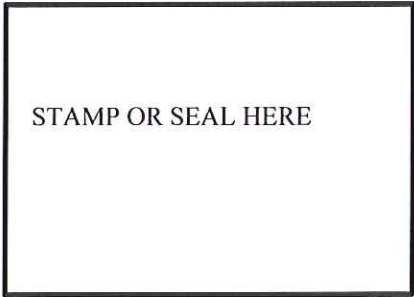
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### SECTION 3: TO BE FILLED OUT BY OFFICIAL WITNESS

#### NOTARIZATION/CERTIFICATION

This notarization/certification serves as a witness to verify that the above signature is indeed his/her true identity and was sworn and subscribed before me on this (DD) \_\_\_\_\_ of this (MM) \_\_\_\_\_, (YYYY) \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_



*A stamp or seal must be placed ABOVE for this form to be valid. If notary cannot stamp the form of another organization, please attach a letter on official letterhead that contains the above verification, signature, and stamp or seal of the witness.*

[ ] Letter is Attached