Affidavit of Support

Student Information

Student Name:

_____ _____ _____

Family/Surname/Last *Given/First:* *Middle*

Birth Date: (mm/dd/yyyy) _____/ _____/ _____

Foreign Address:

_____

_____

_____

U.S. Address:

_____

_____

_____

Country: _____

Sponsor Information

_____ _____/_____/_____ _____

Name of Sponsor *Date of birth (mm/dd/yyyy)* *Relationship to Student*

I/We guarantee without reservation to maintain and support the above named student for educational costs, health insurance, and living expenses while attending Joliet Junior College. I realize that I am fully responsible and will be held accountable by the college to fulfill my solemn oath to uphold this statement.

I hereby do promise to provide **$21,082.00** Academic Program***** **or $25,894.00*** Intensive English *(circle one)* **U.S. Dollars** for the first year of study and for each ensuing year of study at the college for_____*(Student Name).* I/We will ensure that the student will not become a public charge during his/her stay in the United States. In addition, if the student brings any dependents I am aware that I will need to provide additional funds **($5,000 per dependent)** and show proof of financial means for the family member(s) for the first academic year and each ensuing year.

In signing this affidavit of Support, I certify that the information provided on this page is accurate, complete, and true. Sponsors who fail to meet their stated commitment jeopardize the student's education and legal status in the United States. Any information given falsely or withheld will affect the decision on the student's application and may make the student ineligible for enrollment.

Notary & Signature

Subscribed and sworn before me this

_____day of _____20____at

_____

Notary Public or First Class Magistrate

(Provide notary seal in space below)

Please attach an ORIGINAL bank letter showing adequate funds as indicated above. (**Faxed copies or photocopies are NOT acceptable**). The account holder's name on the bank letter must match the name of the person signing the Affidavit of Support. The supporting proof of funds must be less than six months old.

_____ _____

Sponsor (Print Name) *Sponsor signature*

Address: _____

_____

City, State:

Zip Code:

Country_____

Telephone Number:_____