

International Students Affidavit of Support

Applicants Name: _____
Family Name First Middle

You must certify that you will have funds available to cover your expenses for your first academic year (9 months) at Southern Arkansas University. Students who plan to stay in the United States through the summer will need additional funds for that three-month period. F1 students are not authorized to work off campus and on campus employment is limited to part-time during the academic year, so employment is not a significant means of support while at SAU.

Sources and amounts of financial support (indicate amounts in U.S. dollars).
 Indicate the amount from each source below.

- a. FROM SAVINGS OR PERSONAL FUNDS \$ _____
(Send bank statement or letter signed by bank official. If not in English, the bank statement or letter must be accompanied by a translation.)
- b. FROM FAMILY OR FRIENDS \$ _____
(Complete Sponsor section below and send a bank statement showing the availability of funds.)
- c. FINANCIAL SUPPORT FROM GOVERNMENT AGENCY, PRIVATE FOUNDATION, OR
 OTHER ORGANIZATION \$ _____

Name of sponsoring organization: _____
(Send the original form or official copy of your award as evidence of financial support. The statement of financial support must be in English.)

- d. FINANCIAL SUPPORT FROM SOUTHERN ARKANSAS UNIVERSITY \$ _____
(You must apply separately for undergraduate scholarships at <http://web.saumag.edu/international/tuition-scholarships/scholarship/>.)

TOTAL SUPPORT FOR FIRST YEAR OF STUDY AT THE SOUTHERN ARKANSAS UNIVERSITY \$ _____
(Total must equal or exceed current estimated total academic year expenses per our cost at <http://web.saumag.edu/international/tuition-scholarships/cost/>.)

Please check the appropriate box:

- I plan to come alone (F1).
- I plan to bring the following dependents with me (F2 - include a copy of passport).

Family Name, First Name	Relationship
_____	_____
_____	_____
_____	_____

- I plan to have my dependents come later.

For dependents to be included on the I-20, add \$2,500 for spouse and \$1,200 for each child to expenses.

IF STUDENT IS BEING SPONSORED (Parent/Family/Other)

This is to certify that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.

Sponsor's name (printed) _____

Relationship of sponsor to applicant _____

Sponsor's signature _____ Date _____

STUDENT STATEMENT

I understand that tuition and fees are payable in full at the beginning of each semester. I certify that the above information provided is correct and complete and that I shall notify SAU of any change to my financial circumstances.

Student's Signature _____ Date _____

