



## INTERNATIONAL STUDENT AFFIDAVIT OF FINANCIAL SUPPORT

Front Range Community College requires statements of financial support from all applicants for student (F-1) visas. You must have adequate financial resources to provide for your educational and living expenses without having to resort to unauthorized employment. FRCC must have verification of your financial resources. Affidavits of Financial Support and bank statements must be dated within six months prior to entering FRCC. The bank statements must be on the financial institution's letterhead and must indicate funds in U.S. dollars.

A Form I-20 will be issued only if we have assurance that you have full financial support for your proposed program of study at FRCC.

Students Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Country, Postal/Zip Code

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Current Visa Status (if in United States): \_\_\_\_\_

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Estimated Expenses for international students for Academic Year (two semesters) are:

*Tuition and fees . . . . .	\$10,000.00	Additional Expenses for Dependent(s)
Books and supplies . . . . .	530.00	Spouse
Medical Insurance (one year) . . . . .	650.00	Children, per child
Housing, living, personal expenses. . . . .	<u>8,820.00</u>	\$1,500.00
<b>Total</b>	<b>\$20,000.00</b>	

\*Tuition and Fees are based on 12 credits a semester (this is a minimum requirement)

\*This amount is subject to change without notification

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### Source(s) and Amount of Financial Support

Select the appropriate section and complete the required information.

<b>Section 1 – Personal Sources</b>	<b>Please complete the following statement and Attach your Bank Statement</b>
	<p>I certify that I will have \$_____ per year for _____ years available  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Dollar Amount</span> <span>Number of years</span> </div> in personal funds to cover my expenses while studying at Front Range Community College.</p> <p>_____ Signature of Student <span style="float: right;">Date</span></p>

\*\*See reverse side for additional options for financial support\*\*

Section 2—Private Sponsors

**Family or friend supporting student please complete the following statement and attach a Bank Statement.**

I hereby certify that the following financial support will be available for \_\_\_\_\_  
Name of Student  
each year for \_\_\_\_\_ years while studying at Front Range Community College.  
Term/Semester

Financial support is available for the degree of \_\_\_\_\_. Total amount available each  
Name of degree  
year is \$ \_\_\_\_\_.  
Dollar Amount

**Financial support is available for the following areas (check all that apply):**

- \_\_\_\_\_ Cost of tuition, fees, books and supplies
- \_\_\_\_\_ Lower Mark Insurance through Front Range Community College or Private Medical Insurance  
(must provide proof of insurance)
- \_\_\_\_\_ Housing and Personal expenses

\_\_\_\_\_  
Name of provider Relationship to student

\_\_\_\_\_  
Address of provider

\_\_\_\_\_  
Signature of Sponsor Date

Section 3—Sponsor Certification of Award and Billing Authorization

**Must be completed by the sponsoring agency, firm, or government. Must attach award letter.**

Terms of award for:

Student \_\_\_\_\_ ID # with your agency \_\_\_\_\_  
Major/Degree \_\_\_\_\_ Begin and End Date \_\_\_\_\_

Sponsoring Agency Name and Address:

Agency Name \_\_\_\_\_

Advisor \_\_\_\_\_ Contact Person \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Address, City, State, Country, Postal/Zip Code

Check items to billed to sponsor and enter limit amount (if amount is not limited, please write not limited)

- \_\_\_\_\_ Tuition and fees
- \_\_\_\_\_ Lower Mark Medical Insurance offered through Front Range Community  
College/Student mandatory unless other Proof of insurance is approved.
- \_\_\_\_\_ Lower Mark Medical Insurance offered through Front Range Community  
College/Optional for Dependents.
- \_\_\_\_\_ Other (explain)

**Billing Authorization**

Front Range Community College is authorized to bill the sponsor listed above for the items indicated in accordance with the terms of this student's award.

\_\_\_\_\_  
Authorizing Signature Date