

Affidavit of Financial Support

STUDENT INFORMATION

Name (Exactly as it appears in student passport)

FAMILY (SURNAME)

FIRST (GIVEN)

What level of education will you pursue? BA BS MA MS MBA MFA Other _____

What will be your program of study? _____

COST ESTIMATE WORKSHEET

Instructions: Student should complete worksheet information below to show adequate funding for student cost of study

Total Estimated Cost of Attendance (as stated on welcome email from international@fairfield.edu): \$ _____

Sources of Financial Support:

- Personal Funds: \$ _____
 - Family Funds: \$ _____
 - Home Government: \$ _____
 - Sponsor (Provide Affidavit of Support): \$ _____
 - Anticipated University Funding: \$ _____
 - Academic Scholarship: \$ _____
 - Athletic Scholarship: \$ _____
- TOTAL Sources of Financial Support:
(must equal or exceed Total Estimated Cost of Attendance) \$ _____

AFFIDAVIT OF SUPPORT

This affidavit form must be completed by the **parents/legal guardian or sponsors** of the student named above and **certified by a notary** official or corresponding authority. Supporting financial documents as stated on the 'Instructions for I-20 Application', must accompany this completed document.

I, _____, certify that I am able, willing and do promise to provide _____
NAME OF SPONSOR/PARENT/LEGAL GUARDIAN NAME OF STUDENT
 no less than U.S.\$ _____ to meet his/her expenses during each year of study at Fairfield University. **I have attached all supporting documentation to prove that the promised financial resources are available to me.**

Relation to the Student _____

Home Address

Phone _____
 Fax _____
 E-mail _____

Name of Employer _____

Annual Salary (optional) _____ (USD) Other Income (optional) _____ (USD)

I swear that the information I have provided above is true and correct. I understand that I will have a financial responsibility to support the student named above during the length of the student's program at Fairfield University.

Sponsor's Signature _____

MONTH / DAY / YEAR

Notary Public/Officer Signature _____

MONTH / DAY / YEAR

