

# ALAMANCE COMMUNITY COLLEGE INTERNATIONAL STUDENT AFFIDAVIT OF SUPPORT

Alamance Community College, Admissions Office, P.O. Box 8000, Graham, NC 27253

The estimated cost of attendance for F-1 students at Alamance Community College is \$18,718 per year. Students who plan to bring dependents to the U.S. will need to document additional funds: spouse-\$5000, child-\$2000 per child. (THIS FORM MAY BE DUPLICATED AS NEEDED FOR EACH PERSON PROVIDING SUPPORT.)

### AFFADAVIT OF SUPPORT FOR:

Student Name (First, Middle, Family) \_\_\_\_\_ Age \_\_\_\_\_

Student Address \_\_\_\_\_

City, State or Providence and Country \_\_\_\_\_

Dependent Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Dependent Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Dependent Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

### Name of person(s) providing financial support for the expenses of the international student named above while attending Alamance Community College.

Sponsor Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Sponsor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (include area code) \_\_\_\_\_ Age \_\_\_\_\_

### AFFADVIT OF SUPPORT:

I agree to provide the financial support for the items checked below for the international student named above for the duration of his/her studies at Alamance Community College:

\_\_\_\_ Estimated Educational Expense (tuition and fees) **Approximately \$6,998 per year**

\_\_\_\_ Estimated Living Expenses (housing, food, transportation, books and health insurance) **Approximately \$11,720 per year**

\_\_\_\_ Additional Funding for Dependents (if applicable)

I have provided the required bank statement verifying that I have adequate income to provide support for the duration of his/her studies at Alamance Community College. I realize that I am fully responsible, and will be held accountable by the college, for maintaining the terms of this document. I assure Alamance Community College and the U.S. Citizenship and Immigration Services that this international student will not become a public charge while in the U.S.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seal and Signature of Notary Public or Government Official

### APPLICANT'S DECLARATION:

I understand that medical care is very expensive in the United States, that in the absence of health insurance a full range of medical care may not be available to me, and that Alamance Community College strongly recommends that I have health insurance for myself and any dependents that accompany me. Alamance Community College is not required to provide financial assistance or employment.

My signature certifies that all information provided on this form is complete and accurate. I understand that any misrepresentation may be cause for refusing or revoking admission.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_ (Continue on next page)

**This Affidavit of Support must contain all of the appropriate signatures and notarizations before a student is considered for admission to Alamance Community College. The Affidavit must be dated within one (1) year of intended date of enrollment.**

**STATEMENT FROM A BANK OF FINANCIAL ESTABLISHMENT:**

This is to certify that \_\_\_\_\_, whose signature appears as sponsor, is of a financial position to provide for expenses of the student applicant named. The statement and signature are given with the understanding that this is not a guarantee and does not constitute any financial responsibility on the part of the signing individual or the institution they represent.

\_\_\_\_\_  
SIGNATURE OF BANK OFFICIAL                      DATE                      BANK NAME

\_\_\_\_\_  
PRINTED NAME AND TITLE OF BANK OFFICIAL

\_\_\_\_\_  
BANK ADDRESS

PLACE OFFICIAL BANK SEAL HERE:

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