AFFIDAVIT OF SUPPORT F-1 INTERNATIONAL BORDER COMMUTER STUDENTS





You must submit proof that you have adequate financial support to attend Southwestern College and to cover your expenses while residing in the United States. Please verify the availability of funds to cover at least 9 months of expenses. Also, please note the amount listed below is for the student only. If you have dependents (spouse or children), you must submit additional evidence of financial support. Please see the Dependent Application for details.

Estimated Costs for Fall and Spring Semesters in U.S. Dollars Estimated non-resident tuition and fees: \$8,120 Estimated books and supplies: \$1,791 Total Estimated Cost for 9 months: \$9,911 STUDENT INFORMATION Full Name: Date of Birth:	evidence of financia	al support. Please see	the Dependent App	dication for details	S.		
Full Name: Date of Birth: J	Estimated non-resi Estimated books ar	dent tuition and fees: nd supplies:	\$ 8 \$ 1	3,120 ,791			
Date of Birth:	STUDENT INI	FORMATION					
How will you fund your education? My own funds: Government Scholarship: Bank loan: Funds from familty: Company Sponsor: Other Source: CERTIFICATION BY SPONSOR I certify that I will be responsible for the financial support of the applicant while attending Southwestern College. I am providing a copy of my bank statement as proof of availability of funds. For government or company scholarships, please send an official scholarship letter stating the total amount per year and the length of time the scholarship will be available. Full Name: What is your relationship to the student? Address: City: State/Province:	Full Name :						
My own funds: Government Scholarship: Bank loan: Company Sponsor: Other Source: CERTIFICATION BY SPONSOR I certify that I will be responsible for the financial support of the applicant while attending Southwestern College. I am providing a copy of my bank statement as proof of availability of funds. For government or company scholarships, please send an official scholarship letter stating the total amount per year and the length of time the scholarship will be available. Full Name: What is your relationship to the student? Address: City: State/Province:	Date of Birth :		/	SWC ID:			
Funds from family: Company Sponsor: Other Source: CERTIFICATION BY SPONSOR I certify that I will be responsible for the financial support of the applicant while attending Southwestern College. I am providing a copy of my bank statement as proof of availability of funds. For government or company scholarships, please send an official scholarship letter stating the total amount per year and the length of time the scholarship will be available. Full Name: What is your relationship to the student? Address: City: State/Province:	How will you fund y	our education?					
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What is your relationship to the student? Address: City: State/Province:	_			fficial scholarship	o letter st	tating the total amount per yea	r and
Address: City: State/Province:	Full Name:						
City: State/Province:	What is your relatio	nship to the student?					
	Address:						
Postal Code: Country:	City:			State/Provin	nce:		
	Postal Code:			Country:			

HOW TO SUBMIT

E-mail address:

Submit this complete form and bank statements or scholarship letters by e-mail to: swcinternational@swccd.edu

Sponsor's Signature

Phone Number:

Date