Affidavit of Support Form

A FORM I-20 CANNOT BE ISSUED TO YOU UNTIL WE HAVE RECEIVED ALL DOCUMENTS RELATED TO YOUR FINANCIAL ABILITY.

You are required to certify that you will have available the sum of $28,800.00 (minimum)* for the cost of attendance for one year of study at Nicholls State University, exclusive of travel and personal expenses. If you are a married student and plan to bring your spouse and/or children, a proportionately larger amount must be certified, on the basis of at least an additional $5,000 per academic year for your spouse and $2000 for each child.

*Fees are subjected to change

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

1. I, ____________________________ certify that the total amount of money I have available for my first academic year of study at Nicholls State University is U.S. $________________. Further, I certify that the above information provided is correct and complete and I shall notify Nicholls State University of any change in my financial circumstances.

Student's signature ____________________________ Date________________________

2. 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 Signature ____________________________ Date________________________
Sponsor's Name (Printed) ____________________________
Sponsor’s Address: ______________________________________________________

(Street Address)

________________________________________ (City) (State or Province) (Country) (Zip Code)

Relationship of Sponsor to Applicant __________________________________________

NOTE: THE FOLLOWING STATEMENT MUST BE COPIED AND COMPLETED BY YOUR (OR YOUR SPONSOR’S) BANK OR FINANCIAL INSTITUTION ON ITS LETTERHEAD STATIONARY. DO NOT WRITE ON THE FORM BELOW.

3. This is to certify that I have read the information given by the applicant on the Affidavit of Support Form, that it is true and accurate, and that the applicant’s sponsor has sufficient funds to cover the student’s expenses while she/he is in the United States.

Bank Official's Signature ____________________________
Bank Official's Name (Printed) ____________________________ Title________________________
Name of Bank __________________________________________

Revised 8/2015