# **Affidavit of Financial Support**

## To be used by students financially dependent on the support of others.

If you need a new I-20 or DS-2019, Ohio State is required by the U.S. government regulations to determine whether you have adequate funding for tuition, fees and living expenses for the duration of your stay. The International Students and Scholars team will be unable to process your request for a new I-20 or DS-2019 until funding documentation is complete.

#### **Documentation of Funds**

Complete this form and provide documentation as required. All documentation of sources of support that you submit must:

- Include the sponsor's name
- Be dated within the last 12 months; and
- Be written in English

### Affidavit of Support

A separate affidavit is required for each sponsor. The total funds on the affidavit(s) must equal the total estimated expenses indicated below.

#### **Bank Statement**

Each personal sponsor (friends or family) must provide a statement or letter from the bank showing U.S. dollars or type of currency where the account is held totaling the amount needed. The sponsor on the Affidavit of Financial Support and the account holder on the official bank statement must be the same.

Estimated Expenses
\$ This amount represents an estimate of expenses associated with continuing your program of study at Ohio State.
Student Information
Last Name:
First Name:
Middle Name:
Date of Birth (mm/dd/yyyy): Ohio State Email:
Country of Birth: City of Birth:
Country of Residence: Country of Citizenship:
Current Staus  □ F-1 □ J-1 □ Other:



Stude	nt's Declara	tion			
I,				(applicant's printed name), hereby promise	
		provided is corre		I understand that I am ultimately responsible for es.	
Signature of Applicant:				Date (mm/dd/yyyy):	
<b>Directi</b> affidav	ons: Ask your		r(s) to complete t	r <b>friends)</b> he appropriate sections below. A separate the account holder on the official bank statement	
Check	all that apply:				
	I will provide full financial support for the applicant's educational and living expenses for the entire length of study at Ohio State. As verification that funding is available, I have attached one or multiple bank statements.				
	•				
	Duration of	Support:			
	□ A	ll Study Years	☐ 2 <sup>nd</sup> Year	☐ Other:	
	<b>□</b> 1	st Year	☐ 3 <sup>rd</sup> Year		
	As verification	on that funding is	available, I have	attached one or multiple bank statements.	
	I will provide full support for spouse and/or children if accompanying applicant to the United States. As verification that funding is available, I have attached one or multiple bank statements.				
Person	al Sponsor				
Name:	Relationship to Student:				
Addres	ss:				
Signature of Sponsor:				Date (mm/dd/yyyy):	

## Affidavit of Support from Funding Agency (government, organization or institution/school)

<b>Directions:</b> Please ask your funding age	ncy to complete the following.			
We,	(name of sponsor), hereby certify that we will pay the			
following expenses associated with tuition, fees, books, health insurance and living expenses for				
expenses for spouse and children.	_ (student) and, if applicable, health insurance and living			
Study is approved for	(degree) in			
(field of study) at The Ohio State Univer	rsity. Funding is effective from (mm/yyyy) to			
(mm/yyyy). Total awar	rd is \$(U.S. dollars) per year for years.			
Signature of Sponsor:	Date (mm/dd/yyyy):			
Official Title:	Office or Division:			
Address:				
Address where tuition and fees will be h	oilled, if applicable:			

Please affix official seal of funding institution if available.