

Affidavit of Financial Support (applying for Spring 2016 and beyond)

COMPLETION OF THIS FORM IS NECESSARY FOR ADMISSION TO THE GRADUATE SCHOOL AND ELIGIBILITY FOR A GRADUATE ASSISTANTSHIP. THIS AFFIDAVIT AND SUPPORTING DOCUMENTATION MUST BE DATED WITHIN TWELVE (12) MONTHS OF THE INTENDED DATE OF ENROLLMENT.

U.S. immigration regulations require Kansas State University to verify that every international student has the financial resources to pay for all educational, living, and other expenses. If you will be applying for an F-1 student or J-1 exchange visitor/student visa, you must certify that you have sufficient funds to cover your expenses. An I-20 or DS2019 (used to obtain the visa) cannot be issued until this affidavit has been completed, signed, and returned with the appropriate supporting documentation.

Section 1: Applicant's Declaration

I understand that unless I receive financial support from Kansas State University, I must have at least **\$33,711** (U.S.) per year available to me for my fees and living expenses during my graduate studies. (Breakdown of estimated costs is provided on page 2 of this form.)

I understand that medical care is very expensive in the United States and in the absence of health insurance a full range of medical care may not be available to me. The Kansas Board of Regents requires that all new students admitted to Kansas State University provide evidence of health insurance. Kansas State University strongly recommends that I purchase health insurance for any dependents that accompany me.

My signature certifies that all information provided on this form is complete and accurate, and that I am responsible for all expenses for myself and any dependents accompanying me. Kansas State University is not required to provide financial assistance or employment. In the event financial assistance/employment is awarded, I understand that continued support (beyond the first year) is contingent on many factors, including maintaining satisfactory progress in a degree program and on availability of departmental funding. In the event departmental support is not continued, it will be necessary that I provide my own financial support.

Applicant's signature _____

Date _____

Applicant's Name:
(please print)

Family Name

Given Name

Middle Name

Major Field of Study: _____

I plan to bring the following dependents (PLEASE SPECIFY HUSBAND, WIFE, SON OR DAUGHTER) with me (attach additional page if needed):

Family Name	Given Name	Middle Name	Date of birth (Mo/Day/Yr)	Relationship to Applicant (son/daughter/wife/husband)
_____	_____	_____	_____	_____
City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Legal Residence	
_____	_____	_____	_____	
Family Name	Given Name	Middle Name	Date of birth (Mo/Day/Yr)	Relationship to Applicant (son/daughter/wife/husband)
_____	_____	_____	_____	_____
City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Legal Residence	
_____	_____	_____	_____	
Family Name	Given Name	Middle Name	Date of birth (Mo/Day/Yr)	Relationship to Applicant (son/daughter/wife/husband)
_____	_____	_____	_____	_____
City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Legal Residence	
_____	_____	_____	_____	
Family Name	Given Name	Middle Name	Date of birth (Mo/Day/Yr)	Relationship to Applicant (son/daughter/wife/husband)
_____	_____	_____	_____	_____
City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Legal Residence	
_____	_____	_____	_____	

An additional \$7,000 is required for each year for each of the first two dependents that accompanies you; \$3,300 for each additional dependent. This amount should be added to \$33,711 for the total amount required per year. The total amount provided must equal the total amount required.

I do not have personal funds available to me for the period of study at Kansas State University.

OR

I have the following funds (in U.S. dollars) available to me per year for the period of study at Kansas State University.

1. Personal funds (*please complete Section 3*) \$ _____
2. Family funds (*please complete Sections 2 and 3*) \$ _____
3. Scholarship/fellowship from (attach award letter with current date): _____ \$ _____
4. Other (attach sponsor statement/letter with current date): _____ \$ _____
5. Total amount (must equal \$33,711 + amount for each dependent per year) \$ _____

Section 2: Financial Sponsor's Declaration (Family Members and Others)

IF MORE THAN ONE, PLEASE COPY THIS FORM AND HAVE EACH SPONSOR SIGN AND COMPLETE IT.

Sponsor's name: _____ Relationship to applicant: _____

Address: _____
Street

_____ City State/Zip Code Country

Area code and telephone number (if in U.S.) _____

I hereby guarantee without reservation to provide financial support for _____ (name of applicant) for educational costs and living expenses **in the amount of US\$** _____ as required for the first year and each subsequent year while this student is enrolled at Kansas State University. I realize that I am fully responsible, and will be held accountable by the university, for maintaining the terms of this declaration.

Signature of sponsor _____ Date _____

Section 3: Bank Declaration (Applicant and Each Sponsor)

Acceptable documentation includes:

- Bank statement from checking, savings, and/or certificate of deposit.
- Bank letter on letterhead, stating the date the account opened, average balance, and current balance.
- Scholarship or sponsorship letter verifying amount, source, dates of award, and program you will be studying in.

Here are the estimated expenses for an individual student (without family) for one year at Kansas State University. These are only estimates and are subject to change without notice.

	Fall & Spring semesters	Summer term
Tuition and Fees	*\$16,188	**\$5,323
Living Expenses (includes room, board, medical insurance, food, etc.)	8,400	2,800
Books and Supplies	750	250
Semester Totals	\$25,338	\$8,373

Yearly Total ***US \$33,711

****Sponsored Student Fee \$600

*Based on 9 credit hours for each of the fall (August) and spring (January) semesters.

**Based on 6 credit hours per Summer (June) semester.

***Additional amounts will be required for a dependent spouse or children @ \$7,000 for each of the first two dependents and \$3,300 for each additional dependent.

**** **Third party sponsors (i.e. government supported, Fulbright, IIE, Science Without Borders, etc.) are charged an additional administrative fee of \$200 per semester (\$600 for 12 months.)**