



Instructions: PRINT clearly. Complete Section II if you are supported by a private source (family, friends, self). Complete Section III if you are supported by an agency (government, organization, or institution). Complete both parts if your funding will come from both sources. Sections I and IV must be complete to make this document official.

Please note that if you have more than one private or institution supporting you, you will need to submit more than one form. All financial support must equal the total estimated Cost of Attendance (including tuition, books, housing, food, personal expenses, and transportation) for 12 months in US Dollars.

This form must be accompanied by official documentation from the sponsor's bank verifying the availability of sufficient funds in U.S. dollars. Funds should be liquid. All documents must be current and in English. Documents older than one year from the time of the student's intended enrollment date cannot be accepted.

Section I: Personal Information

LAST NAME (FAMILY NAME)	FIRST NAME (GIVEN NAME)	MIDDLE NAME
DATE OF BIRTH (MONTH / DAY / YEAR)	COUNTRY OF CITIZENSHIP	
ARE YOU CURRENTLY RESIDING IN THE UNITED STATES? <input type="checkbox"/> YES* <input type="checkbox"/> NO	* IF YES, WHAT IS YOUR CURRENT STATUS? <input type="checkbox"/> F-1 <input type="checkbox"/> OTHER:	

Section II: Private Support

SPONSOR LAST NAME (FAMILY NAME)	SPONSOR FIRST NAME (GIVEN NAME)	SPONSOR MIDDLE NAME		
RELATIONSHIP TO APPLICANT				
SPONSOR ADDRESS				
STREET ADDRESS	APT #	CITY	STATE	ZIP

AS THE FINANCIAL SPONSOR OF THE APPLICANT, I WILL PROVIDE:

- FINANCIAL SUPPORT FOR **ALL** EXPENSES OF THE APPLICANT'S STUDY AT JOHN PAUL THE GREAT CATHOLIC UNIVERSITY. I AM PROVIDING EVIDENCE OF AVAILABLE FUNDS FOR THE FIRST YEAR OF STUDY.
- PARTIAL FINANCIAL SUPPORT IN THE AMOUNT OF \$ _____ PER YEAR FOR 1 YEAR 2 YEARS 3 YEARS
- NON-CASH SUPPORT COVERING THE ENTIRE COST OF HOUSING FOOD/BOARD TRANSPORTATION FOR THE DURATION OF THEIR EDUCATION IN THE USA. ENTER U.S. ADDRESS, CITY, STATE: _____

SIGNATURE OF SPONSOR

DATE

Section III: Agency or Institution Support

NAME OF AGENCY

AGENCY ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

AS THE FINANCIAL SPONSOR OF THE APPLICANT, I WILL PROVIDE:

- FINANCIAL SUPPORT FOR **ALL** EXPENSES OF THE APPLICANT'S STUDY AT JOHN PAUL THE GREAT CATHOLIC UNIVERSITY.
- PARTIAL FINANCIAL SUPPORT IN THE AMOUNT OF
\$ _____ PER YEAR FOR 1 YEAR 2 YEARS 3 YEARS
- NON-CASH SUPPORT COVERING THE ENTIRE COST OF HOUSING FOOD/BOARD TRANSPORTATION FOR THE DURATION
OF THEIR EDUCATION IN THE USA. ENTER U.S. ADDRESS, CITY, STATE: _____
-

NAME AND TITLE OF AGENCY OFFICIAL

SIGNATURE OF AGENCY OFFICIAL

DATE

OFFICIAL SEAL OF THE INSTITUTION (IF AVAILABLE):

Section IV: Applicant Certification

I, _____ (*applicant's full printed name*), hereby certify that the information provided in this Affidavit of Financial Support is correct and complete. I understand that I, personally, am ultimately responsible for all expenses incurred for the entirety of my stay in the United States.

APPLICANT SIGNATURE

DATE

MAIL THIS COMPLETED FORM AND ACCOMPANYING INFORMATION TO

John Paul the Great Catholic University

Attn: Designated School Official – Nonimmigrant Students

220 West Grand Avenue

Escondido, CA 92025

United States of America
