



CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

AFFIDAVIT OF FINANCIAL SUPPORT

Admissions and Outreach

PLEASE PRINT:

Bronco Number: _____ Major: _____ Quarter/Year Applied: _____

Family Name: _____ First Name: _____ Middle Name: _____
(NAME INFORMATION MUST EXACTLY MATCH YOUR PASSPORT)

Date of Birth: Month: _____ Day: _____ Year: _____ Male Female

Country of Birth: _____ Country of Citizenship: _____

U.S. ADDRESS:

Street Address: _____ City: _____

State: _____ Postal Code: _____

HOME COUNTRY ADDRESS:

Street Address: _____

City: _____ Province/Territory: _____

Country: _____ Postal Code: _____

This confidential Affidavit of Financial Support must be completed and submitted as part of the Application for Admission to California State Polytechnic University, Pomona. A final decision on admission for a foreign applicant and the issuance of a Certificate of Eligibility (Form I-20) for a student visa requires verification of financial resources. **Your Application for Admissions will not be processed without this form.**

APPROXIMATE COSTS FOR AN ACADEMIC YEAR FOR INTERNATIONAL STUDENTS

<u>UNDERGRADUATE</u>		<u>GRADUATE</u>	
Tuition & Fees	\$12,303	Tuition & Fees	\$10,121
Cost of Living	\$13,671	Cost of Living	\$13,671
TOTAL	\$25,974	TOTAL	\$23,792

DEPENDENT EXPENSES: If you plan to have your dependents live in the U.S. with you while you attend Cal Poly Pomona, include in your calculation for the academic year costs: \$5,000 for your spouse and \$3,000 for each child. Please complete the following if this applies to you so an I-20 form can be issued for your dependent(s):

Spouse's Family Name: _____ First Name: _____ Middle Name: _____
(NAME INFORMATION MUST EXACTLY MATCH YOUR PASSPORT)

Date of Birth: Month: _____ Day: _____ Year: _____ Male Female

Country of Birth: _____ Country of Citizenship: _____

Child Name: _____ First Name: _____ Middle Name: _____
(NAME INFORMATION MUST EXACTLY MATCH YOUR PASSPORT)

Date of Birth: Month: _____ Day: _____ Year: _____ Male Female

Country of Birth: _____ Country of Citizenship: _____

PLEASE ATTACH ADDITIONAL DEPENDENT INFORMATION (IF NEEDED) ON A SEPARATE SHEET OF PAPER
PLEASE NOTE: This Affidavit is not valid without the signature of the applicant. My signature certifies that the information provided on this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Phone: _____ Email: _____

FINANCIAL SUPPORT: You must provide Cal Poly Pomona verification of financial support for the entire academic year. Write the amount of financial support in U.S. dollars. If more than one sponsor or bank is used for verification, attach additional letters, signatures, and certifications (originals only).

1. PERSONAL SAVINGS: My personal financial resources at this time U.S. \$ _____

CERTIFICATION BY BANK OFFICIAL

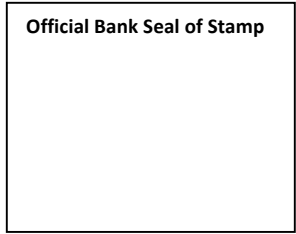
This is to certify that the current balance of the applicant's account(s) with this bank is U.S. \$ _____

Signature of Bank Official _____ Date _____

Print Name of Bank Official _____ Title _____

Name of Bank _____

Address of Bank _____



2. PRIVATE SPONSOR: I guarantee without reservation to support the educational costs and living expenses, including tuition and fees, books and supplies, room and board, health insurance, medical or emergency expenses, travel and personal expenses, for (Print Student's Name) _____ while he/she is enrolled at California State Polytechnic University, Pomona. I also agree to furnish additional support for this student's dependents as listed on the previous page of this form or any dependents that may come later to the U.S. I further guarantee that the student will not become a public charge during his/her stay in the U.S.

Sponsor's Signature _____ Sponsor's Name (print) _____ Relationship to Student _____

Address _____

CERTIFICATION BY BANK OFFICIAL

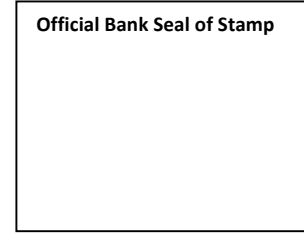
This is to certify that the current balance of the sponsor's account(s) with this bank is US\$ _____

Signature of Bank Official _____ Date _____

Print Name of Bank Official _____ Title _____

Name of Bank _____

Address of Bank _____



3. GOVERNMENT, FOUNDATION, AGENCY or COROPORATE FELLOWSHIP SUPPORT: Please complete the following and attach an official letter from the sponsoring organization to this form. The letter must specify the amount of the award, period of support and any conditions or terms that pertain to the support.

Name of Agency: _____

Address of Agency: _____