

1 Pharmacy Place St. Louis, MO 63110 314.367.8700 314.446.8309 admissions@uhsp.edu

# AFFIDAVIT OF FINANCIAL SUPPORT FOR F-1 STUDENT

U.S. immigration regulations require that University of Health Sciences and Pharmacy in St. Louis obtain reliable documentation that an F-1 student has sufficient funds to pay all expenses necessary to complete their program of study and to cover living expenses while they reside in the United States. Applicants must provide documentary evidence that specific funds are available to cover first year.

Complete the Affidavit of Financial Support for yourself or as a sponsor of the student. When submitting this form:

- Submit the completed, original form with supporting financial documentation.
- Submit a bank statement (for you or your sponsor) showing funds in the entire amount. The bank statement must be no older than six months from the date of submission to UHSP.
- The affidavit must be no less than one year old upon intended date of enrollment or date of your I-20 update.
- All financial documentation must be equal to or greater than the estimated yearly cost not including scholarships.

#### Student Name: \_

## **PART I – SPONSOR INFORMATION**

LAST NAME (family)	FIRST NAME (given)	
ADDRESS		
CITY	STATE/PROVINCE	COUNTRY
		coontin
TELEDUONE		
TELEPHONE	RELATIONSHIP TO STUDENT (parent, aunt/uncle, friend, etc.)	
DEPOSIT(S) INTO SAVINGS (US \$)	COUNTRY OF CITIZENSHIP	SPONSOR'S IMMIGRATION STATUS (if not a U.S. citizen)

### **PART II - CERTIFICATION**

This affidavit is made by me for the purpose of assuring the United States government that the person named

\_\_\_\_\_\_ will not become a public charge while in the United States.

I am willing and able to maintain and support the person named above.

I intend to make specific financial contributions for the support of the person named above in the amount of

US\$ \_\_\_\_\_\_ per year for the period of \_\_\_\_\_\_ year(s).

I have attached an original bank letter(s) on official stationary, or a certified true copy, in English, or accompanied by an official translation, indicating an exact amount of readily available funds to support the person named above.

## PART III - OATH/CONFIRMATION

I acknowledge that I am aware of my responsibilities as the sponsor of the person named above. I swear or affirm that (1) I know the contents of this affidavit signed by me and (2) the statements are true and correct. Moreover, I will not request any services from the student in return for the promised support and I fully understand it is a violation of law to require domestic work, child care or any other kinds of service from the student.

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_\_

Printed name of sponsor: \_

Office of Admissions | University of Health Sciences and Pharmacy in St. Louis | 1 Pharmacy Place | St. Louis, MO 63110