



AFFIDAVIT OF SPONSORSHIP

NOTE: Any form not completed and sealed/stamped by the appropriate official and not accompanied by official documents will be considered incomplete and an I-20 will not be issued. This form is valid for 6 months only for the purpose of issuing an I-20.

I hereby attest that I am willing and able and will provide no less than US\$ _____ in cash to the student named below for each year of study at Central VA Community College. I am attaching documents that prove the support is available/attainable; including banks statements, employment/salary letters, investments, tax returns and other assets. (The amount indicated should agree with the amount on front of this form from the sponsor(s) line.)

Name of Student: _____

My relationship to the student is: _____

My full address is: _____

The following are all of the persons who are dependent upon me for their housing, food, or financial support. **DONOT INCLUDE PERSONS WHO SUPPORT THEMSELVES. DO NOT INCLUDE THE STUDENT NAMED ABOVE.**

NAME	RELATIONSHIP TO ME	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

=====

AFFIRMATION OR OATH OF SPONSOR

I hereby affirm or swear that the contents of the above statement are true and correct.

Signature of Sponsor: _____

Name of Sponsor, printed: _____

=====

NOTARIZATION (seal/stamp) of Designated Official

SWORN AND SCUBSCRIBED BEFORE ME THIS _____ OF _____, 20 _____

Signature of Notary _____ (Seal)

My Commission Expires _____

A Stamp or Seal must be places here for this form to be valid.

=====

BANK VERIFICATION OF DEPOSIT

Bank certification of sponsor's accounts must be current and cannot exceed six (6) months from the date of the bank officer's signature and stamp.

This is to certify that the Account Holder (**print name**) _____

is a customer of (**name of bank**) _____.

His/hers account(s) were opened on (**date**) _____ and for the past year has shown an average balance equal to U.S. \$ _____.

Current funds available in U.S. Dollars as of today's date are:

Checking Account No. _____ Amount _____ and/or

Saving Account No. _____ Amount _____.

The accounts are open and viable as of today's date. This certification is offered with no responsibility on the part of the financial institution.

Title _____

BANK SEAL OR STAMP

Bank Address _____



Print Name of Bank Official _____

Signature of Bank Official _____

This form cannot be accepted without the bank officer's signature and bank seal or stamp.