



International Enrollment Services
 Madison Hall, Room 109
 550 East Spring Street
 Columbus, Ohio 43215-9965

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FINANCIAL DOCUMENTATION FOR F-1 APPLICANTS

Columbus State Community College is required by the DHS/USCIS regulations to check the availability of prospective F-1 (International) student funds. The funds should be sufficient to cover educational and living expenses for the duration of studies in the United States. Below are the estimated expenses for one year. Please provide the requested information and submit this form with the rest of the admission requirements.

Student Applicant's Personal Information

Last Name _____ First Name _____ Middle Name _____

Social Security Number (if applicable): _____ Date of Birth (Month) _____ (Day) ____ (Year) _____

Country of Birth _____ Country of Citizenship _____

Telephone _____ Email Address _____

I plan to bring dependents with me to the United States. (Complete dependent information on the application.)

Estimated Annual Expenses for Student

Tuition	\$ 7,560.00	(3 quarters)
Living Expenses	\$ 10,720.00	(4 quarters)
Books/Misc. Expenses	\$ 1,100.00	(3 quarters)
Health Insurance	\$ 800.00	(4 quarters)
Total estimated expenses per year	\$ 20,180.00	

Estimated Annual Living Expenses for Family Member(s) Accompanying Student to the United States

For Spouse	\$4,000.00	(12 months)
For each child under 12 years old	\$2,000.00	(12 months)
For each child 12 years and older	\$4,000.00	(12 months)

Estimated expenses are subject to change without notice.

Affidavits of Support

Student Applicant's Personal Affidavit – check all that apply

- I have sufficient personal funds to support myself for the duration of my studies at Columbus State Community College.
 ___ I will pay for all my expenses ___ I will partially pay for my expenses. Amount per year: \$ _____ *
- I plan to bring my dependent(s) with me to the United States.
 ___ I will provide full support ___ I will provide partial support. Amount per year: \$ _____ *

* I have enclosed my current bank statement/financial verification documents showing funds available.

Student Applicant Signature _____ Date _____

Other Sponsor's Affidavit (To be completed by family or friends) – **check all that apply**

- I will provide **full support** for the applicant, for his/her entire period of study at Columbus State Community College. *
- I will provide **partial support** for the applicant's period of study as indicated: *
__ I will provide \$_____ per year (indicate in U.S. dollars) beginning _____ and ending _____
__ I will provide room and board for the applicant beginning _____ and ending _____.
- If the applicant brings his/her spouse and/or children, I will provide financial support as indicated: *
__ I will provide **full support** for the dependent(s)
__ I will provide **partial support** for the dependent(s.) I will provide \$_____ per year (indicate in U.S. dollars) beginning _____ and ending _____.
__ I will provide **room and board** for the dependent(s) beginning _____ and ending _____.

I have enclosed my current bank statement/financial verification documents showing funds available. If Room and Board are to be provided by a sponsor in the U.S., this may account for \$10,720 of the student's expenses. To demonstrate the sponsor's ability to provide this support, a letter from his/her employer stating date and type of employment, salary paid, and whether position is temporary or permanent **must be provided. If the student is coming from abroad, it is helpful to request bank statements and/or letters in duplicate and to complete the I-134 form to present at the Embassy.*

Full Name of Sponsor _____ Relationship to Applicant _____
Street _____ City _____
Province/State _____ Country _____ Zip/ Postal Code _____
Telephone _____ Email Address _____
Sponsor Signature: _____ **Date:** _____

Funding Agency Affidavit (To be completed by Government body, Agency or Organization)

Each government body, agency or organization sponsoring a student should provide the following information and affix its official seal/stamp to this form. If the organization is to be billed, and the billing address is different from that below, please provide billing information.

Name of Agency/Organization:

Name and Title of Person Responsible for Support:

Address of Agency/Organization:
Street _____ City _____
Province/State _____ Country _____ Zip/Postal Code _____
Telephone _____ Email Address _____
Amount of support provided: \$_____ **Period of time** for which support provided: From _____ To _____
Sponsor Signature: _____ **Date:** _____

Applicant's Declaration: To the best of my knowledge, the above information is correct and complete. I understand that I ultimately am responsible for all anticipated annual expenses for the duration of my studies in the United States.

Student Applicant's Full Name (printed) _____
Student Applicant Signature _____ **Date** _____