



### Affidavit of Support/Certificate of Finances

The purpose of this form is to help Greensboro College obtain complete and accurate information about the funds available to foreign applicants who wish to study at our institution. United States federal regulations, rising educational costs, and economic conditions make verification of financial resources for foreign applicant essential.

Please note: **If you will receive your funding from more than one source, please ask EACH to complete a separate form for you. In cases where there is more than one sponsor/source of funding, all funds reflected in the Affidavits must, combined, reflect funding to match the cost of attendance.**

- INSTRUCTIONS:
- (1) Student completes this page.
  - (2) Have the person who will be providing your funding complete page 2.
  - (3) Have the financial institution of that person (from #2 above) complete page 3 of this form AND attach a current bank statement reflection account balance and status.
  - (4) Send a copy of this form and supporting documentation to Ilona Owens by fax at 336-271-6634. Mail the original copies to: International Student Advisor, Greensboro College, 815 W. Market St., Greensboro, NC 27401, USA

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#### Greensboro College Applicant Complete This Section

This Affidavit is being completed for:

\_\_\_\_\_ (full name, please print)

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Student's Address:

\_\_\_\_\_

Do you have a source for emergency funds once you arrive in the U.S.?

yes  no

If yes, source: \_\_\_\_\_ Amount Available

(in U.S. dollars) \_\_\_\_\_

What is the total amount you expect to have in hand when you arrive at Greensboro College? \_\_\_\_\_

(Please note: at a minimum, you will need tuition, fees, room, board and book funds for the first full semester as well as funds for personal expenses; it is however preferable that you pay tuition and fees for the first full year upon arrival.)

I certify that the information on this form is true, correct and complete. I understand that any misrepresentation may be cause for refusal or revocation of admission.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Affidavit of Support/Certification of Finances

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**Family Member/Person Offering Financial Support Complete this Section**Your Full Name (please print)  
\_\_\_\_\_Your Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Your Country of Citizenship  
\_\_\_\_\_

What is your relationship to this student?    parent(s)    legal guardian(s)  
 sibling    grandparent    governmental sponsor  
 other: \_\_\_\_\_

I understand that the person for whom this Affidavit is being completed is planning to travel to the United States of America to pursue a college (university style) education at Greensboro College, located in Greensboro, North Carolina. I have sufficient assets to offer funding for this pursuit. The amount I am willing to contribute EACH year of enrollment is: \_\_\_\_\_ (U.S. dollars). I understand that the average student requires four to five years to complete his/her education and obtain a degree.

I authorize my financial institution to provide a current bank statement AND to complete the section of this form related to my account history.

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Current Cost of Attendance:**

Tuition	\$6,120/year
	(does not include summer school)
Fees	\$ 525/year
Books	\$ 1,000/year
Room & Board Expenses	\$ 3,000/year
Personal Expenses	\$ 1,000

**\$11,645 TOTAL  
ESTIMATED COST  
FOR ONE YEAR**



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**Financial Institution of Person Offering Financial Support Please Complete This Section**

This is to certify that I have read the sponsor's statement regarding willingness to support this student's academic endeavors at Greensboro College and affirm that he/she is, in my opinion, financially capable of meeting this obligation.

I further certify that the amount mentioned on page 2 of this statement as the amount the sponsor is willing to contribute to the student's educational endeavors each year is on deposit. (NOTE: We are looking for the amount to be present for the first year only).

By signing this document, you are not obligating yourself or your financial institution to fund any part of this student's endeavors; you are merely attesting to the two statements above regarding your customer.

Signature of Bank Official \_\_\_\_\_

Date \_\_\_\_\_

Bank Official's Name (please print)

\_\_\_\_\_

Title/Position

\_\_\_\_\_

Complete Mailing Address:

\_\_\_\_\_

**Bank Official: Please Note: This individual has authorized the attachment of a current statement for his/her account so that the college can verify that funds are present.**

Thank you for your assistance!

If you have questions, please feel free to contact Ilona Owens, International Student Advisor at:

Phone: 336-272-7102

Fax: 336-271-6634

E-Mail: [iowens@gborocollege.edu](mailto:iowens@gborocollege.edu)