

I-20MN information and Support Affidavit Loraines Academy St Petersburg FL

Family Name	First Name	Middle Name	Suffix (2nd, 3rd, Jr)
Date of Birth (MMDD/YYYY)	Gender	Country of Birth	Country of Citizenship

Foreign Address:

City	Province/Territory	Postal Code	Country
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US Address (if known) _____

@	/	/
Email Address	Program Desired	Start Date

Dependent(s) traveling with you: (if more than one, use reverse or 2nd page)

Name	Relationship	Birthdate
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I estimate my average costs for an academic term of _____ Months (One month for each 100 hours of the program...up to 12 months) based on a 24 hour per week (full-time) attendance as:

\$ _____ School tuition and fees (total listed for program - state board fees + \$100 International Student Fee)

\$ _____ Living Expenses (include rent, food, transportation, personal expenses and multiply by # of months)

\$ _____ Expenses of dependents (extra rent, etc for the extra dependent(s) named

\$ _____ Other (Specify: _____)

\$ _____ **TOTAL**

My means of support, estimated for the # of months above and totaling the same as above, will be:

\$ _____ Student's personal funds*

\$ _____ Funds* from _____
Name Relationship

\$ _____ **TOTAL (must be the same total as listed for total costs above)**

I swear that the contents of this affidavit are true and correct, and affirm that I will provide the support for this education plan as stated above, for the duration of the training. I understand that the United States government needs to be assured that I will have adequate means of support for the duration of my stay, and will not become a public charge. I understand that on an I-20 MN Student Visa, I am expected to return to my country at the end of my training.

Signature of Applicant	Witness
Signature of Funding source named above (if applicable)	Witness

***Attach documentation demonstrating access to all of these funds. Examples: bank statements, letter from bank, letter from employer on company stationery, etc.**