

Kansas State University
Department of Clinical Sciences
Affidavit of Support for International Students
Instructional Clinical Year (ICY) Program / PAVE Program
(F-1 Visa holders)

All Instructional Clinical Year or PAVE participants, who need a Form I-20 (for F-1), must provide financial documentation (dated within 1 year) to prove that he/she has sufficient funding to cover his/her expenses for one academic year or length of program, whichever is shorter. The amount of funding must include program fees, equipment, room and board, supplies, medical insurance, and other expenses. Currently tuition, fees and estimated costs of living is:

Instructional Clinical Year (ICY) Program \$2250 per Rotation (3 weeks) Minimum of 4 Rotations	\$12,600 (Fee is shown as 4 Rotations only + other expenses)
PAVE Program	\$51,315

Statement of Cost:

Participants must secure reliable and full funding for the duration of their program of choice.

Additional Financial Support for Accompanying Dependents:

Please add \$7000/each for the first two dependents and \$3300 for each dependent after that to the minimum expenses per year. Complete the Request for Dependent I-20 or DS-2019s. <http://www.k-state.edu/intlstucenter/forms/>

Sponsors:

As an international participant in the ICY or PAVE program, you can have more than one financial sponsor. You can be your own sponsor as well. However, your sponsor cannot be someone who is holding an F-1 or J-1 non-immigrant student status in the U.S. Each of your sponsors must complete and sign the Affidavit of Support.

Affidavit of Support

Page 2 of this statement is the Affidavit of Support. If you have more than one sponsor, please make a copy for each one of them. The Affidavit of Support must be accompanied by original bank letter(s) or account statement(s) issued by your bank or your sponsor('s) bank, showing that sufficient funds are available to support your program and living expenses for one academic year or length of program, whichever is shorter. Keep copies of all financial documentation for your records. Certificates of balance are not acceptable substitutes.

Participant Certification:

I have read the above information regarding the funding of my study at Kansas State University. I understand that I must secure funding for all expenses while attending the University.

Student's Name: _____

Student's Signature: _____ Date: _____

Affidavit of Support
Kansas State University
Department of Clinical Sciences

To be completed and signed by the Sponsor:

I certify that I am willing and able to sponsor _____.
Participant's name

I understand that Kansas State University estimates a participant's expenses for one academic year or length of program, whichever is shorter, based upon current program fees, equipment, room and board, health insurance, supplies and estimated personal expenses.

I hereby promise to provide the above mentioned student with the minimum amount required for the entire duration of study at Kansas State University. I understand this document is legally binding, requiring me to provide the promised funding.

Proof of financial resources in the form of a letter/statement from my financial institution, showing at least the minimum amount required for one academic year or length of program, whichever is shorter, is attached to this Affidavit of Support.

Name of Sponsor: _____

Relationship to Student: _____

Signature of Sponsor: _____ Amount of Funding: _____

Address of Sponsor: _____

Sponsor's Email: _____ Sponsor's Telephone: _____

Sponsor's Immigration Status, if living in the U.S.: _____