



**Instructions:** Depending on the source of your support, please complete the appropriate section. A separate affidavit is required for each sponsor. Photocopy this page depending on how many sponsors or sources of financial support you have. **Remember to attach required documents including bank statements and official letters.**

### Affidavit of Support from Personal Sources (family, friends, self)

**Instructions:** If your financial support is coming from family, friends, yourself, or any other personal source, ask your sponsor to complete this section. Then have the bank, where the funds are located, give their certification below.

I agree to provide financial support in the amount of \$ \_\_\_\_\_ per year so that the above mentioned student may study at Trinity International University.

Duration of support:     Each Year     1 Year     2 Years     3 Years

Sponsor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds noted here are available to him or her.

Bank Official's Signature and Seal: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name of Bank: \_\_\_\_\_

### Affidavit of Support from the Funding Agency (scholarship organization, church, or government)

**Instructions:** If your financial support is coming from a private scholarship or student loan organization, church, institution, or government agency, ask an official from the institution to complete this section.

We, \_\_\_\_\_ (name of sponsor) agree to provide:

FULL FINANCIAL SUPPORT for the applicant's educational and living expenses for the entire length of study at Trinity International University.

PARTIAL FINANCIAL SUPPORT in the amount of \$ \_\_\_\_\_ per year for \_\_\_\_\_ years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Title: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Applicant's Declaration

**Instructions:** This section MUST be signed by the applicant

I, \_\_\_\_\_ (applicant's printed name), hereby promise that the information provided is correct and complete, and that the money indicated will be available for my first academic year of study at Trinity. I understand I am ultimately responsible for all expenses for the length of my stay in the United States.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** Trinity International University  
Undergraduate Admissions Office  
2065 Half Day Road  
Deerfield, IL 60015 USA

## Appendix A: Declaration of Dependents (Spouse and Children)

If you are bringing a dependent with you to the United States, you must also acquire an F-2 visa for each dependent planning to live with you. Trinity International University is required by the U.S. Government to check the availability of funds for the living expenses of all dependents who will be living with the applicant for the duration of their study. **Adequate funding for both the student and his/her dependents must be reflected on the Affidavit of Support.** Refer to the *Prospectus for International Students* for more information.

**Instructions:** Please read and complete the section below if you are planning on bring dependents with you to the United States while you are studying at Trinity International University. *If you are not bringing any dependents with you to the United States, disregard this page.*

### Estimated Expenses for Family Member(s) Accompanying Student to the U.S.

The amounts below are estimates and may vary from year to year.

Living Expenses (per year)		Health Insurance (per year)	
For spouse only	\$7,700	For spouse only	\$1,285
For each child under 13 years	2,500	For children only	1,120
For each child 13 years or older	4,140	For spouse and children	2,405

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### Dependent's Personal Information

**Instructions:** Fill in the information for **each** dependent that will be coming with you to the United States. If you have more dependents than spaces provided, make a copy of this page and list your other dependents on the copy.

#### Dependent 1

Last Name: \_\_\_\_\_ First (Given) Name: \_\_\_\_\_  
Birthdate (mo/day/yr): \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Relationship to me: \_\_\_\_\_

#### Dependent 2

Last Name: \_\_\_\_\_ First (Given) Name: \_\_\_\_\_  
Birthdate (mo/day/yr): \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Relationship to me: \_\_\_\_\_

#### Dependent 3

Last Name: \_\_\_\_\_ First (Given) Name: \_\_\_\_\_  
Birthdate (mo/day/yr): \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Relationship to me: \_\_\_\_\_

#### Dependent 4

Last Name: \_\_\_\_\_ First (Given) Name: \_\_\_\_\_  
Birthdate (mo/day/yr): \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Relationship to me: \_\_\_\_\_