Rowan College South Jersey
F-1 INTERNATIONAL STUDENT AFFIDAVIT OF SPONSOR
BANK STATEMENT OPTION

Note: You may photocopy this form for use by more than one sponsor. Affidavits must be notarized and updated annually.

Name of Sponsor: ________________________________________________________

Address of Sponsor: ________________________________________________________

Sponsor’s Telephone Number (Day) _______________ (Evening) _________________

Relationship to Student: ____________________________________________________

I certify that I am willing, able, and do promise to provide funds in the amount of

$ ____________________________ to ________________________________________

(US dollars) (Name of Student)

for each year of study at Rowan College South Jersey in Sewell, New Jersey. I have maintained a monthly bank account balance equal to or greater than the amount listed in the “Estimated Annual Budget” for international students.

The following persons are dependent upon me for their housing, food, and financial support.

Do not list the student named in this affidavit, grown children, or spouses who support themselves.

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<th>Relationship</th>
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I understand that this information must be supported and certified by my nationally recognized banking institute using the form titled BANK STATEMENT SUPPLEMENT.

_____________________________________________________
Sponsor’s Signature
Rowan College South Jersey

F-1 INTERNATIONAL STUDENT

AFFIRMATION OF OATH

I hereby affirm or swear that the contents of the statements in this affidavit are true and correct.

______________________________
Signature of Sponsor

Sworn and subscribed to me this __________ day of ____________________ in the year __________

______________________________
Signature of Notary

Seal or Stamp:
Rowan College South Jersey  
F-1 INTERNATIONAL STUDENT AFFIDAVIT OF SPONSOR  
BANK SUPPLEMENT

Bank Name: _______________________________________________________________  

Bank Address: ___________________________________________________________________  

Bank Telephone Number: _________________________________________________________  

I hereby certify that _____________________________________________________________  
(Name of Sponsor)  
(US Dollars)  

for the past three consecutive months.  

____________________________________________ _____________________________  
(Signature of Bank Official)  
(Title of Bank Official)  

____________________________________________  
(Print Name)  

Place bank stamp or seal over this statement.  

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Section B to be completed by a national banking institute if other than US funds are listed above.  

The income amount listed above converts to $______________ US dollars.  

I hereby certify that this information is true and accurate.  

____________________________________________ _____________________________  
(Signature of Bank Official)  
(Name of Bank)  

____________________________________________ _____________________________  
(Print Name of Bank Official)  
(Bank Address)  

____________________________________________ _____________________________  
(Title of Bank Official)  
(Bank Address)  

Place Official Bank Seal or Stamp over this statement.