## DECLARATION OF FINANCES/ AFFIDAVIT OF FINANCIAL SUPPORT



VID: \_\_\_\_\_

Address line 2:  CRy/Town:  State/Province:  ESTIMATED ANNUAL EXPENSES Cost at the associate eagine level, amounts can vary from student to student.)  Tuttion and Fees (Two Terms)* \$9,383.00  Amountably \$15,694.00  The astimated amount for tuition and fees is based on annoliment in 12 credit hours in the fall semester and 12 credit hours in the fall semester and 12 credit hours in the fall semester and 12 credit hours in the spring semester. Amounts are subject to change without notice.  ACCEPTABLE DOCUMENTS INCLUDE:  ***Personal funds - Recent bank letter or statement.  **Personal funds - Recent bank letter or statement.  **Personal funds - Recent bank letter or statement along with a notarized afficiant of financial support. You may use the bottom of this form for the afficiant, if your do not use this form for the afficiant, your afficiant papilicant's name, syndors' rainer, relationship to a papilicant and amount of funds available for the purpose of the applicant's studies.  **CovermentSponsoring agency - A signed copy of the scholarship or award letter stating the amount and duration of award.  **Examples of unacceptable financial documents include:  **Salary statement or pay study.  **Salary statement or pay study.  **Students do not need to complete this section if all financial support comes from personal funds.  **Students do not need to complete this section if all financial support comes from personal funds.  **Students do not need to complete this section if all financial support comes from personal funds.  **Please indicate your relationship to the student:   Father   Mother   Brother   Sister   Other:    ***INDIGITAL Support   O	to verify they are willing to use their funds for the student's educational expenses.  ESTIMATED ANNUAL EXPENSES		1.	State/Province:		
Postal Code:Country:_						
### Tuition and Fees (Two Terms)* \$9,383.00  ### Mandatory Insurance (12 months) \$1,561.00  ### Living Expenses (12 months)* \$12,694.00  ### Total: \$23,638.00  ### Spouse   Spouse   Spouse   Spouse   Children (please indicate how many children:						
Mandatory Insurance (12 months) \$1,561.00   Yes   No   if yes, check all that apply.  Living Expenses (12 months) \$12,694.00   Spouse   Spouse   Children (please indicate how many children:			•	December to believe		
Spouse   Spouse   Spouse   Spouse   Spouse   Spouse   Children (elease indicate how many children:)		• •	۷.			
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Please submit a copy of each dependent's passport. Proof of an additional \$4,500 USD must be provided in the fall semester and 12 credit hours in the fall semester and 12 credit hours in the spring semester. Amounts are subject to change without notice.  ACCEPTABLE DOCUMENTS INCLUDE:  - Personal funds - Recent bank letter or statement.  - Pamilly/sponsor funds - Recent bank letter or statement.  - Pamilly/sponsor funds - Recent bank letter or statement along with a notarized affidavit of financial support. You may use the bottom of this form for the affidavit, your affidavit must contain applicant's name, sponsor's name, relationship to applicant and amount of funds available for the purpose of the applicant's studies.  - Covernment/sponsoring applicant's studies.  - Covernment/sponsoring applicant's studies.  - Covernment/sponsoring applicant's studies.  - Covernment/sponsoring approy - A signed copy of the scholarship or award letter stating the amount and duration of award.  - Examples of unacceptable financial documents include:  - Salary statement or pay stubs  - Real estate  - Credit cards/credit limits  - AFFIDAVIT OF FINANCIAL SUPPORT  The affidavit below must be completed by the family member or sponsor and must match the name of the account holder provided in the bank letter or statement.  - Students do not need to complete this section if all financial support comes from personal funds.  - Please indicate your relationship to the student:   Father   Mother   Brother   Sister   Other:    - NAME OF STUDENT (Please pent clearly)  - A Valencia College is U.S. \$    - Lauthorize the release of my supporting financial documents to verify that the promised financial resources are immediately available to me and the student. I swear and affirm that I know and understand the contents of this affidavit, signed by me, and that the statements are true and correct.					licate how many children:	
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I hereby certify that I,	match the na	elow must be completed by t me of the account holder pro	the fam ovided	nily member or sponsor in the bank letter or sta	tement.	
each year while he/she is attending Valencia College.  I also certify that the total amount of money I have available for educational expenses at Valencia College is U.S. \$	Please indicate your relationship to the stud	ent: 🗖 Father 🗖 Mother 🗖 I	Brother	r 🗖 Sister 🗖 Other:		
I also certify that the total amount of money I have available for educational expenses at Valencia College is U.S. \$	I hereby certify that I,	PONSOR (Please print clearly)	, will	be responsible for the e	educational and/or living expenses of	
I also certify that the total amount of money I have available for educational expenses at Valencia College is U.S. \$	NAME OF STUDENT (Please print clearly)	each year while	e he/sh	e is attending Valencia	College.	
to me and the student. I swear and affirm that I know and understand the contents of this affidavit, signed by me, and that the statements are true and correct.		/ I have available for education	nal exp	enses at Valencia Colleg	ge is U.S. \$	
Signature of Sponsor: Date Signed:	to me and the student. I swear and affirm tha				<u> </u>	
	ignature of Sponsor:			Date Signed:		