Dear Prospective Student,

Thank you for considering Shaw University, the oldest Historically Black College/University (HBCU) in the southern United States, as your living and learning educational resource. The following information explains how Shaw University’s admissions process for international students and Form I-20 policy and procedures with the hope of ensuring a smooth and effective transition into the University.

➢ A forty dollar ($40.00) application fee must accompany the international application. The fee must be a money order or certified check. The application itself must be notarized.

➢ Please read the Affidavit of Support (Form I-134) carefully. This is a required document from the US Department of Justice. **No substitutes for this document.** The Affidavit of Support needs to be filled out by the sponsor and notarized. **Only one sponsor per student.**

➢ The sponsor must submit all the requested financial documents to include, but limited to four (4) months of accrued banks deposit statements translated into U.S. Dollars. **NO FAX COPIES OF THESE DOCUMENTS.** This amount must meet or exceed the total cost of school for at least one full academic year.

➢ Other required documents include high school transcripts to include the appropriate national examinations, i.e., GCE diploma, West African exam scores etc., SAT or ACT or TOEFL scores (no minimum score).

**Immunization and Medical record forms are also required.**

➢ Upon receiving the completed application, application fee, Transcripts, SAT or TOEFL or ACT scores, and Affidavit of Support (Form I-134), the prospective student will be evaluated for possible admission. Should the student gain final admission to the university, the student and/or sponsor must pay $4200 deposit to include one-half (1/2) of student's tuition and administrative fees for one semester before the issuance of an I-20. The deposit does not include the cost of books.

If I can be of further assistance, please feel free to contact me at sclifton@shawu.edu.

Respectfully,

Sandy Clifton/ DSO
International Student Advisor
SHAW UNIVERSITY
Raleigh, North Carolina 27601 U.S.A.

APPLICATION FOR ADMISSION FOR INTERNATIONAL Students

Semester you wish to enter: Fall 20_____ Spring 20_____ Summer 20_____

Application Deadline: Fall Semester - January 30 Spring Semester - August 30

_________________________ ID Number (For Office Use Only)

1. ____________________________ ____________________________ ____________________________
   Last Name (PRINT) First Name Middle Name

2. NATIONALITY (Passport): ________________________________________________________________
   SEX:________

3. HOME ADDRESS (Overseas Address):
   ____________________________________________________________
   Number and Street
   ____________________________________________________________
   City Country Telephone Number

4. ADDRESS IN U.S. (If Applicable):
   ____________________________________________________________
   Number and Street
   ____________________________________________________________
   City, State, Zip Telephone Number

5. BIRTHDATE: __________________________ BIRTHPLACE: __________________________
   Month Day Year City Country

6. Do you plan to attend: Full-time ☐ Part-time ☐

    What is your intended field of study: ____________________________________________________

7. FAMILY DATA:
   Father or Guardian Mother (Maiden Name) or Guardian Husband or Wife (if married)
   ____________________________ ____________________________ ____________________________
   Full Name (If deceased, write deceased after name)
   ____________________________ ____________________________ ____________________________
   Occupation
   ____________________________ ____________________________ ____________________________
   Present Mailing Address
   ____________________________ ____________________________ ____________________________

8. SCHOOL DATA: List all schools and colleges you have attended in chronological order beginning with present school.

   Date of Attendance  __________________________ Name and Location of School __________________________
   From  __________________________  To  __________________________  Diploma or Degree __________________________

   __________________________________________________
   __________________________________________________
   __________________________________________________

Rev. 6/93
9. Do you plan to live on campus? YES □ NO □

10. Do you have any physical condition which requires special arrangements? YES □ NO □

11. Please indicate name and relationship of any close relative who has attended Shaw University. Include date and degree attained.

__________________________________________________________________________

12. Have you ever been dismissed from a college for academic/disciplinary reasons? YES □ NO □

If yes, explain ___________________________________________________________

13. Are you a "Transfer Student?" YES □ NO □ If yes, indicate the following:

   a. Name of college/university ____________________________________________
   
   b. Location of college/university _________________________________________
   
   c. Dates enrolled ________________________________________________________
   
   d. Dates of authorized study in the United States on I-20 ___________________
   
   e. Reasons for transfer, explain __________________________________________

14. Have you taken TOEFL? YES □ NO □

__________________________________________________________________________

15. This application must be completed by the person whose signature appears below.

__________________________________________
Student's Signature (Any falsification of signature will result in denial of admission or dismissal)

Sworn to and subscribed before me, a notary public,

this _______ day of _________________________, 20____

__________________________________________
Notary Public

NOTE: Accompany this application with the following:

1. High school transcripts plus any additional college records (if applicable).
2. Notarized affidavit of financial support from sponsor.
3. Official TOEFL scores.

Please return completed application to:

SHAW UNIVERSITY
Office of Admissions and Recruitment
Raleigh, North Carolina 27601 USA

(919) 546-8275/8276 Fax (919) 546-8271
1-800-214-6683
SHAW UNIVERSITY
MEMORANDUM

TO: ALL INTERNATIONAL STUDENTS APPLYING FOR ADMISSION TO SHAW UNIVERSITY

FROM: The Office of Admissions and Recruitment
Shaw University
Raleigh NC 27601 USA

RE: Admission Procedures

I. Application Material
   a. A completed admission application must be sent to the Office of Admissions.
   b. Official documentation of your academic preparation must be sent to us — of the secondary
      school or college you attended or are now attending. This documentation should indicate
      in English the courses you are taking, or have completed, and the grades earned in each
      (by year).
   c. Should you have taken the Test of English as a Foreign Language, you should submit the
      result with your application for admission.
   d. If you are from West Africa, a copy of your West African Examination Council Certificate
      or results is also required, or your GCE diploma or results.

II. VISA
   a. Your student visa (F1) or permanent or exchange student visa must be presented at the
      time of registration.
   b. A visitor’s visa cannot be accepted.

III. Financial Responsibility
    Before you can be admitted, you must also submit in English, documentation of your ability
    to meet the yearly cost of attending our institution. This should consist of a notarized affidavit
    of support (official evidence of sources of support) from parents, guardians, or other
    sponsoring agency.

IV. Tuition
    Students are expected to pay tuition and fees in full in cash or by certified check payable
    to Shaw University upon registration.

V. Signature
    Signature on this application must be notarized to attest that the student applying indeed signed. Any falsification of signature will result in denial of admission or dismissal.

VI. A non-refundable $40.00 application fee must accompany this form before application is processed.
Official Transcript and National Scores Received Date

Admit Code Date (A) ________________

(D) ____________________

### ENTRANCE REQUIREMENTS

<table>
<thead>
<tr>
<th>Course</th>
<th>Number of Units</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATURAL SCIENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCIAL SCIENCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SAT V __________ SAT M __________ ACT __________ TOEFL Score __________

"Strides to Excellence: Why Not The Best?"
INSTRUCTIONS

This form is used to pay the fee to support the F, M, and J nonimmigrant reporting system authorized by Public Law 104-208, Subtitle D, Section 641. If you are subject to this fee and do not pay it, you will not be issued an F, M, or J nonimmigrant visa or be admitted to the United States. If you are in the United States and apply for a change of status, you are subject to this fee. If you do not pay it, your application will not be processed.

Fee payment is required if the applicant is:

a. An alien seeking an F-1, F-3, J-1, M-1, or M-3 visa from an embassy or consulate abroad for initial attendance at a school approved by the Department of Homeland Security (DHS) or for initial participation in an exchange visitor program designated by the Department of State (DOS).

There is an exception noted below in section j.

b. An alien who does not need a visa to enter the United States as a student or exchange visitor, who will be applying for admission at a U.S. port-of-entry to begin initial attendance at a DHS-approved school or initial participation in a DOS-designated exchange visitor program except as specified in section j below.

c. An alien in the United States seeking a change of status to F-1, F-3, J-1, M-1, or M-3. There are exceptions noted below in sections j and n.

d. A nonimmigrant who was initially granted J-1 status as a participant in an exchange visitor program sponsored by the Federal government, as specified in section j below, and who is now transferring to another J program in the same category that is not sponsored by the Federal government.

e. A J-1 nonimmigrant who is applying for a change of status from within the United States. There is an exception noted below in section j.

f. A J-1 nonimmigrant who is applying for a reinstatement after a substantive violation, or who has been out of program status for longer than 120 days but less than 270 days during the course of his or her program. There is an exception noted below in section j.

g. An F-1, F-3, M-1, or M-3 nonimmigrant applying for reinstatement of student status, who has been out of student status for a period exceeding the presumptive ineligibility requirement set forth in 8 CFR 214.2(f)(16)(A) or 214.2(m)(16)(A).

h. An F-1, F-3, M-1, or M-3 nonimmigrant who has been absent from the United States for a period exceeding 5 months, was not working towards completion of curriculum in authorized overseas study, and now wishes to re-enter for a new F or M program of study in the United States.

Fee payment not required if applicant is:

i. An F-2, J-2, or M-2 dependent.

j. A J-1 participant in an exchange visitor program sponsored by the Federal government. A program sponsored by the Federal government is identified by a program number of G-1, G-2, or G-3.

k. An F-1, F-3, J-1, M-1, or M-3 nonimmigrant who has previously paid the fee, or whose Form I-20 or DS-2019 for initial attendance was issued on or before August 31, 2004, and who is applying for a visa to return to the United States as a continuing student or a continuing participant of an exchange visitor program.

l. An F-1, F-3, M-1, or M-3 nonimmigrant transferring between approved schools, changing educational levels, or applying for post-completion practical training.

m. A J-1 nonimmigrant transferring between programs in the same exchange visitor category where no differential fee exists.

n. A nonimmigrant applying for a change of classification from within the United States between F-1 and F-3 status or between M-1 and M-3 status.

o. An F-1, F-3, J-1, M-1, or M-3 nonimmigrant requesting/applying for an extension of stay in a single program.

p. An alien reapplying for a visa from an embassy or consulate abroad after having paid the SEVIS fee for a previous F-1, F-3, M-1, or M-3 visa that was denied, and who is applying again for the same type of program within 12 months of the initial denial.

q. An alien reapplying for a visa from an embassy or consulate abroad after having paid the SEVIS fee for a previous J-1 visa that was denied, and who is applying again for the same type J-1 exchange visitor category within 12 months of the initial denial, unless there is a fee differential.

r. A nonimmigrant who has applied for a change of status in the United States to an F, M, or J classification, had the initial application for the change of status denied for a reason other than failure to pay the SEVIS fee, and is applying for a motion to re-open the case within 12 months of the original denial.

Documents needed to fill out this form:

• F-1, F-3, M-1, and M-3 status only: Form I-20 (Certificate of Eligibility for Nonimmigrant Student Status) issued to you by the DHS-approved school you will attend.

• J-1 status only: Form DS-2019 (Certificate of Eligibility for Exchange Visitor [J-1 Status]) issued to you by the designated exchange visitor program in which you will participate.
**Instructions:**

**This form must be completed in English.**

1. **Item Number:**
   - Enter your name exactly as it appears on your Form I-20 or DS-2019.

2. **Enter the street address to where your payment receipt should be sent.** Include apartment number and Post Office (P.O.) box, if applicable.

3. **Enter the city where your payment receipt should be sent.** Include a province as required. You may abbreviate (e.g., Toronto, ON) to ensure successful delivery outside the United States.

4. **For U.S. addresses only.** If the address is in the United States, enter the 2-letter abbreviation for the state. If the address is not a state within the United States, do not fill in this section.

5. **Enter the country to which your payment receipt should be sent.**

6. **Enter the postal code or zip code.**

7. **List your date of birth in mm/dd/yyyy format.**

8. **Check the appropriate space pertaining to your gender.**

9. **Enter your city (province) of birth.**

10. **Enter your country of birth, as listed on your Form I-20 or DS-2019.**

11. **Enter your country of citizenship, as listed on your Form I-20 or DS-2019.**

12. **F/M status only:** Enter the school code found on your Form I-20. Leave the Program Number blank.

13. **J-1 status only:** Enter the exchange visitor program number found on the Form DS-2019 (e.g.: P-I-00000). If your sponsor number begins with G-1, G-2, or G-3, you are exempt from fee payment. Leave the School Code blank.

14. **Enter the SEVIS identification number listed above the barcode on the top right corner of your Form I-20 or DS-2019.**

15. **Enter the passport number contained in your passport, if available.**

16. **A. F/M status:** Check the box in subpart A which indicates that you owe $100.00 and continue on to item number 18. Do not check any boxes in subpart B.

17. **B. J-1 status:** Do not check the box in subpart A. Check the box in subpart B that corresponds to the exchange visitor category found on your Form DS-2019. (If your sponsor number in section 2 of Form DS-2019 begins with G-1, G-2, or G-3, you are exempt from fee payment). Continue on to item number 18.

18. **Select the type of delivery you want used to send your receipt (Form I-797) to you.** This receipt will serve as confirmation of payment. You must select one of the following two options:

   **A. Air Mail:** There is no additional charge for this option.

   **B. Expedited Delivery:** There will be an added shipping and handling fee of $30.00 for this option. Your receipt will be delivered in an expedited manner to the address listed in item numbers 4-8 on the Form I-901.

   If you choose the expedited delivery option, you must include a physical address. The courier will not deliver to a post office box. You must also include a telephone number. This information will not be collected by the DHS and will only be used by the mail courier service in order to ensure expedited delivery.

19. **Add the amount from the box checked in item 17 (fee pertaining to classification) and item 18 (choice for delivery).** This is the total amount of money that you owe. Please send only one check or money order.

**Payment by mail:**

The only forms of payment that will be accepted are checks and money orders. No other form of payment will be accepted. **Do not mail cash.**

All checks and money orders must be made in U.S. dollars and drawn on a bank located in the United States.

All checks and money orders must be made payable to the "I-901 Student/Exchange Visitor Processing Fee."

Checks are accepted subject to collection. A charge of $30.00 will be imposed if a check for payment of a fee is not honored by the bank on which it is drawn.

Write the name of the student or exchange visitor and the SEVIS identification number on the check.

Fees must be submitted in the exact amount. Failure to file forms correctly or with the correct payment will result in the return of this form to you and additional delay in processing. Fees will not be refunded.

**Mail the Form I-901 and payment to:**

I-901 Student/Exchange Visitor Processing Fee  
P.O. Box 970020  
St. Louis, MO 63197-0020

**Or:**

Courier the Form I-901 and payment to:

I-901 Student/Exchange Visitor Processing Fee  
1005 Convention Plaza  
St. Louis, MO 63101

**Payment by Internet:**

You may also complete the Form I-901 online. The form and payment may then be submitted as explained above. Alternately, online payment may be made using a credit card. The online Form I-901 is available at: www.FM1fee.com.
Privacy Act Notice.

Authority to collect this information is contained in 8 U.S.C. 1154, 1184, and 1258. Failure to provide all of the requested information may result in the delay of a final decision or denial of your request. We may provide this information to other government agencies (Federal, state, local, and/or foreign).

Paperwork Reduction Act Notice.

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 19 minutes. If you have comments regarding the accuracy of this estimate or suggestions for making this form simpler, you may write to the Department of Homeland Security, Regulations and Forms Services (HQRFS), 425 I Street, N.W., Room 4034, Washington, DC 20529. Do not mail your completed application to this address.
TYPE OR PRINT IN BLUE OR BLACK INK

1. Last Name (Surname):

2. First Name (Given Name):

3. Middle Name:

WHERE DO YOU WANT YOUR PAYMENT RECEIPT TO BE SENT?

4. Street Address /P.O. Box:

5. City (Province):

6. State (U.S. Address Only):

7. Country:

8. Zip Code/Postal Code:

9. Date of Birth (mm/dd/yyyy):

10. Gender (Check one): Male: ☐ Female: ☐

11. City (Province) of Birth:

12. Country of Birth:

13. Country of Citizenship:

14. School Code (I-20) (F/M nonimmigrant only):

15. SEVIS Identification Number:

16. Passport Number:

17. Amount to be paid:

   A. F/M only: ($100) ☐

   B. J-1 only: Indicate your Exchange Visitor Category (Check only one of the following boxes)

   - Student ($100)
   - Trainee ($100)
   - Teacher ($100)
   - Professor ($100)
   - Alien Physician ($100)
   - Government Visitor ($100)
   - Research Scholar ($100)
   - Short-term scholar ($100)
   - Specialist ($100)
   - Camp Counselor ($35)
   - Summer Work/Travel ($35)
   - Au Pair ($35)

18. Return Receipt:

   A. Air Mail ($0) ☐ B. Expedited Delivery ($30) ☐ Telephone:

19. Total amount (add total from 17 and 18): $
I. Execution of Affidavit.

A separate affidavit must be submitted for each person. As the sponsor, you must sign the affidavit in your full, true and correct name and affirm or make it under oath.

- If you are in the United States, the affidavit may be sworn to or affirmed before an officer of U.S. Citizenship and Immigration Services (USCIS) without the payment of fee, or before a notary public or other officers authorized to administer oaths for general purposes, in which case the official seal or certificate of authority to administer oaths must be affixed.

- If you are outside the United States, the affidavit must be sworn to or notice affixed before a U.S. consular or immigration officer.

How you submit the form depends on whether the alien you are sponsoring is in or outside the United States and what type of application is being submitted. See the instructions provided with the corresponding application for detailed information on how to submit this affidavit of support form.

II. Supporting Evidence.

As the sponsor, you must show you have sufficient income and/or financial resources to assure that the alien you are sponsoring will not become a public charge while in the United States.

Evidence should consist of copies of any or all of the following documentation listed below that are applicable to your situation.

Failure to provide evidence of sufficient income and/or financial resources may result in the denial of the alien's application for a visa or his or her removal from the United States.

The sponsor must submit in duplicate evidence of income and resources, as appropriate:

A. Statement from an officer of the bank or other financial institutions where you have deposits, identifying the following details regarding your account:

1. Date account opened;

2. Total amount deposited for the past year;


B. Statement of your employer on business stationery, revealing:

1. Date and nature of employment;

2. Salary paid;

3. Whether the position is temporary or permanent.

C. If self-employed:

1. Copy of last income tax return filed; or


D. List containing serial numbers and denominations of bonds and name of record owner(s).

III. Sponsor and Alien Liability.

Effective October 1, 1980, amendments to section 1614(f) of the Social Security Act and Part A of Title XVI of the Social Security Act establish certain requirements for determining the eligibility of aliens who apply for the first time for Supplemental Security Income (SSI) benefits.

Effective October 1, 1981, amendments to section 415 of the Social Security Act established similar requirements for determining the eligibility of aliens who apply for the first time for Aid to Families with Dependent Children (AFDC), currently administered under Temporary Assistance for Needy Families (TANF). Effective December 22, 1981, amendments to the Food Stamp Act of 1977 affect the eligibility of alien participation in the Food Stamp Program.

These amendments require that the income and resources of any person who, as the sponsor of an alien's entry into the United States, executes an affidavit of support or similar agreement on behalf of the alien, and the income and resources of the sponsor's spouse (if living with the sponsor) shall be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, TANF and Food Stamp benefits during the three years following the alien's entry into the United States.

Documentation on Income and Resources.

An alien applying for SSI must make available to the Social Security Administration documentation concerning his / her income and resources and those of the sponsor, including information that was provided in support of the corresponding application.
An alien applying for TANF or Food Stamps must make similar information available to the State public assistance agency.

The Secretary of Health and Human Services and the Secretary of Agriculture are authorized to obtain copies of any such documentation submitted to USCIS or the U.S. Department of State and to release such documentation to a State public assistance agency.

**Joint and Several Liability Issues.**

Sections 1621(e) of the Social Security Act and subsection 5(i) of the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, TANF or Food Stamp benefits that are incorrectly paid because of mis-information provided by a sponsor or because of a sponsor’s failure to provide information, except where the sponsor was without fault or where good cause existed.

Incorrect payments that are not repaid will be withheld from any subsequent payments for which the alien or sponsor are otherwise eligible under the Social Security Act or Food Stamp Act.

These provisions do not apply to SSI, TANF or Food Stamp eligibility of aliens admitted as refugees, granted asylum or Cuban/ Haitian entrants as defined in section 501(e) of P.L. 96-422, and to dependent children of the sponsor or sponsor’s spouse.

**IV. Information and USCIS Forms.**

For information on immigration laws, regulations and procedures or to order USCIS forms, call our National Customer Service Center at 1-800-375-5283 or visit our website at www.uscis.gov.

**V. Use InfoPass for Appointments.**

As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our internet-based system, InfoPass. To access the system, visit our website at www.uscis.gov. Use the InfoPass appointment scheduler and follow the screen prompts to set up your appointment. InfoPass generates an electronic appointment notice that appears on the screen. Print the notice and take it with you to your appointment. The notice gives the time and date of your appointment, along with the address of the USCIS office.

**VI. Privacy Act Notice.**

We ask for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. We may provide this information to other government agencies. Failure to provide this information and any requested evidence may delay a final decision or result in denial of your request.

Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1182(a)(4), 1183(a)(1), 1184(a) and 1258.

The information will be used principally by USCIS, or by any consular officer to whom it may be furnished, to support an alien’s application for benefits under the Immigration and Nationality Act and specifically the assertion that he or she has adequate means of financial support and will not become a public charge. Submission of the information is voluntary.

However, failure to provide the information may result in the denial of the alien’s application.

The information may also as a matter of routine use be disclosed to other federal, state, local and foreign law enforcement and regulatory agencies, including the Department of Health and Human Services, Department of Agriculture, Department of State, Department of Defense and any component thereof (if the deponent has served or is serving in the armed forces of the United States), Central Intelligence Agency, and individuals and organizations during the course of any investigation to elicit further information required to carry out USCIS functions.

**VII. Paperwork Reduction Act Notice.**

You are not required to respond to this form unless it displays a currently valid OMB control number.

We try to create forms and instructions that are accurate, can be easily understood and impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex.

The estimated average time to complete and file this notice is 15 minutes.

If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you may write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. Do not mail your completed affidavit of support to this address.
(Answer all items. Type or print in black ink.)

1. ___________________________________ residing at ___________________________________

_____________ (City) __________________________ (State) __________________________ (Zip Code if in U.S.)

________________________ (Country)

Being duly sworn deposite and say:

1. I was born on __________________________ at __________________________

_____________ (City) __________________________ (Country)

If you are not a native born U.S. citizen, answer the following as appropriate:

a. If a U.S. citizen through naturalization, give certificate of naturalization number __________________________

b. If a U.S. citizen through parent(s) or marriage, give citizenship certificate number __________________________

c. If U.S. citizenship was derived by some other method, attach a statement of explanation.

d. If a lawfully admitted permanent resident of the United States, give "A" number __________________________

2. I am _______ years of age and have resided in the United States since (date) __________________________

3. This affidavit is executed on behalf of the following person:

<table>
<thead>
<tr>
<th>Name (Family Name)</th>
<th>(First Name)</th>
<th>(Middle Name)</th>
<th>Gender</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizen of (Country)</td>
<td>Marital Status</td>
<td>Relationship to Sponsor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____________________</td>
<td>---------------</td>
<td>---------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presently resides at (Street and Number)</td>
<td>(City)</td>
<td>(State)</td>
<td>(Country)</td>
<td></td>
</tr>
</tbody>
</table>

Name of spouse and children accompanying or following to join person:

<table>
<thead>
<tr>
<th>Spouse</th>
<th>Gender</th>
<th>Age</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>Gender</td>
<td>Age</td>
<td>Child</td>
</tr>
<tr>
<td>Child</td>
<td>Gender</td>
<td>Age</td>
<td>Child</td>
</tr>
</tbody>
</table>

4. This affidavit is made by me for the purpose of assuring the U.S. Government that the person(s) named in item (3) will not become a public charge in the United States.

5. I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named person(s) will maintain his or her nonimmigrant status, if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item (3) and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. I am employed as or engaged in the business of __________________________ with __________________________

________________________ (Type of Business) __________________________ (Name of Concern)

________________________ (Street and Number) __________________________ (City) __________________________ (State) __________________________ (Zip Code)

I derive an annual income of: If self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instructions for nature of evidence of net worth to be submitted.)

$ __________

I have on deposit in savings banks in the United States:

$ __________

I have other personal property, the reasonable value of which is:

$ __________
I have stocks and bonds with the following market value, as indicated on the attached list, which I certify to be true and correct to the best of my knowledge and belief:

$ ........................................

I have life insurance in the sum of:

$ ........................................

With a cash surrender value of:

$ ........................................

I own real estate valued at:

$ ........................................

With mortgage(s) or other encumbrance(s) thereon amounting to: $ ........................................

Which is located at:

(Street and Number) ........................................

(City) ........................................

(State) ........................................

(Zip Code) ........................................

8. The following persons are dependent upon me for support: (Place an "x" in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Wholly Dependent</th>
<th>Partially Dependent</th>
<th>Age</th>
<th>Relationship to Me</th>
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</table>

9. I have previously submitted affidavit(s) of support for the following person(s). If none, state none.

Name ........................................

Date submitted ........................................

10. I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services (USCIS) on behalf of the following person(s). If none, state none.

Name ........................................

Relationship ........................................

Date submitted ........................................

11. I [ ] intend [ ] do not intend to make specific contributions to the support of the person(s) named in item 3.

(If you check "intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and state whether it is to be given in a lump sum, weekly or monthly, and for how long.)

Oath or Affirmation of Sponsor.

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and that the statements are true and correct.

Signature of sponsor ........................................

Subscribed and sworn to (affirmed) before me this ______ day of ________________ , ________

at ______________________________ . My commission expires on ______________________________

Signature of Officer Administering Oath ........................................

Title ........................................

If the affidavit is prepared by someone other than the sponsor, please complete the following: I declare that this document was prepared by me at the request of the sponsor and is based on all information of which I have knowledge.

(Signature) ........................................

(Address) ........................................

(Date) ........................................