

# Certificate of Eligibility for F-1 Student Denver Campus

## **IMPORTANT:**



# **APPLICATION FOR A FORM I-20**

RT I: PERSONAL INFORMAT	ION			
Name in Passport	*Enter your name <u>exactly</u> as shown in your passport. Attach a copy of your passport biographic page and any U.S. visa you may have.) *If you have a Preferred Name (Enter the name you prefer to use.)			
*Surname/Last Name:				
Given/First Name:				
**Preferred Name (optional):				
Date of Birth:	Month		ar	
Gender:				
Country of Birth:				
Country of Citizenship:				
Country of Permanent Residence:				
	Number and Street:			
Permanent address in home country:	City/Province:			
	Postal Code:			
	Country:			
	Number and Street:			
	City:			
States: (required if	State:			
	Postal Code:			
the U.S.):	Country:			
Telephone	Fax	Email		
SACM Sponsored:	☐ Yes ☐ No			
Sponsoring Agency:	☐ Alsalam Company	y 🗆 Ministry Of Interior	□ Saudi Airlines	
Dependent Information:				
,	• •	•		
☐ I plan to come with dependent	ts. The following deper	ndents (spouse/children) w	vill accompany me:	
1	Date of Birth	Country of Citizenshin	Relationship	
ranni, Gren name	MMDDYY	country or cruzerisinp		
Family/Given Name	Date of Birth MMDDYY	Country of Citizenship	Relationship	
	*Surname/Last Name: Given/First Name: **Preferred Name (optional): Date of Birth:  Country of Citizenship: Country of Permanent Residence:  Permanent address in home country:  Address in the United States: (required if transferring from a school in the U.S.):  Telephone  SACM Sponsored: Sponsoring Agency: Dependent Information: I plan to come without dependent I plan to come with dependent  1. Family/Given Name	*Surname/Last Name:  Given/First Name:  **Preferred Name (optional):  Date of Birth:  Gender:  Country of Birth:  Country of Citizenship:  Country of Permanent Residence:  Permanent address in home country:  Address in the United States: (required if transferring from a school in the U.S.):  Telephone  SACM Sponsored:  SACM Sponsored:    Pastal Code:   Postal Code:   Postal Code:   Country:   Country:   Country:   Postal Code:   Country:   Postal Code:   Country:   Postal Code:   P	*Enter your name exactly as shown in your passport. Att and any U.S. visa you may have.) *If you have a Preferre    *Surname/Last Name:  *Surname/Last Name:  **Preferred Name (optional):  Date of Birth:  Gender:  Gender:  Gender:  Gender:  Gender:  Gender:  Country of Birth:  Country of Citizenship:  Country of Permanent   Residence:  Number and Street:  City/Province:  Country:  Number and Street:  City:  Number and Street:  City:  Address in the United   States: (required if   transferring from a school in   the U.S.):  Telephone	



PART II: If you are in the Uni	ted States <u>now</u> ,	complete this secti	on. If not, contir	nue to Part III	
What is your in You may attend school regardless of	nmigration Status? of your Immigration status.	F-1 M-1 What is your SEVIS ID Number? N			
What school are you	transferring from?				
Another	status: Which one?				
Do you plan to travel outside the U.S. before school starts?		☐ Yes ☐ No			
	ive a valid F-1 visa? hen does it expire?	☐ Yes ☐ No			
PART III: All students must c	omplete this se	ction			
The amounts below represent the must be able to prove that you will		•	•	check which	
Aviation Maintenance -AAS	\$32,861	\$17,184		applies	
Aviation Electronics - AAS		' ' '	\$50,045	applies  Ves	
	\$36,765	\$17,184	\$50,045 \$53,949		
	\$36,765	· · ·		☐ Yes	
	\$36,765	· · ·		☐ Yes	
	\$36,765	· · ·		☐ Yes	
	\$36,765	· · ·		☐ Yes	
	\$36,765	· · ·		☐ Yes	
	\$36,765	· · ·		☐ Yes	

<sup>\*\*</sup>Dependents: Students planning to bring a spouse and/or children must provide evidence of additional financial support: a minimum of \$13,000 for spouse and \$5,000 for each additional dependent for the first year.



You	RT IV: Student's Statement of Financial Support retails must be equal to or greater than the red total estimated expenses from y FUNDS MUST BE INDICATED IN US DOLLARS).	your program on page 2.
Sou	rce (s) of my support	Annual Amount
	Student's Own Funds: Must provide bank statements/proof of income:	\$
	Scholarship (s): Scholarship from	\$
	Funds from Sponsor (s)  Each listed sponsor must complete a Sponsor's Affidavit Form with evidence.	
	Sponsor(s) Name	\$
	al amount available to me every year of study er to page 3 for total expenses)	\$
	below signature validates that all of the above information is true.	
STU	DENT SIGNATURE: DAT	E:



## SPONSOR AFFIDAVIT FOR FINANCIAL SUPPORT

#### YOUR COMMITMENT AS A SPONSOR TO A STUDENT:

When you complete the Sponsor's Affidavit, you are certifying and swearing to Spartan College and the U.S. Government that you can and will provide a student with a specific amount of money for every year of study in the United States.

<u>Promise only the amount of money you are able to give.</u> Affidavits may be rejected if it is believed that a sponsor cannot afford to give as much as promised. Please carefully consider the costs of supporting the student while living and studying at Spartan College. <u>Each sponsor must show financial evidence that must meet or exceed the expenses annually for the student.</u> This is so sponsors can prove they can pay for the student and still have enough funds to support them and any dependents. Sponsors who fail to meet their stated commitment jeopardize the student's education and legal status in the United States.

## INSTRUCTIONS FOR COMPLETING THE AFFIDAVIT:

- 1. Complete the form on the next page.
- 2. Promise to provide only the amount you are able to provide for every year while the student is studying at Spartan College.
- 3. Attach financial documents proving you are fully capable of this amount of support.
- 4. All documents must be in English (officially translated), less than two months old, and in U.S. dollars.

### PROVING FINANCIAL SUPPORT: (Statements must be in U.S. Dollar amounts.)

To prove financial support, you must provide **AT LEAST** one of the following two options in its entirety. Student's total funds must meet or exceed the expenses annually.

1. Provide your THREE most recent pay slips/receipts **AND** letter from employer on business stationery stating your annual salary and when you started working there.

OR

Provide a letter from a bank official or other financial institution stating the date your
account was opened, Average balance in the account for the past 12 months, and
present balance.

\*Do Not Send: Information on non-liquid funds, property or retirement account information.

**Checks**: Note that all checks made payable to Spartan College must be written on a U.S.-affiliated bank or appropriate financial institution. (*Continued on next page*)



# SPONSOR'S AFFIDAVIT OF ANNUAL FINANCIAL SUPPORT

# SPONSOR'S PERSONAL INFORMATION:

I hereby attest that I am willi named below for <b>EVERY YEA</b>			<b>Dollars</b> in cash to the stud	lent
NAME OF SPONSORED STUD	ENT			_
	Last (Family)	First		
Sponsor's Name:				_
	Last (Family)	First		
Relationship to Student:		Telephone Number		_
Email:				
Address:				_
Number & Street		Apt #		
City/Province	State	Zip/Postal Code	Count	– try
The following persons are de children, if applicable.  Name	ependent upon me for their Relation		support. Include spouse a <u>Age</u>	nd/or
DOCUMENTARY EVIDENCE Common and the state of	OF FINANCIAL ABILITY MUST d what you will supply to the	e student every year. (Please rom employer on business s	tationery stating your ann	
	st year, and present balance	,	iccount was opened, total	amount
Sponsor/guarantor signature	:	Date:		