



ABRAHAM BALDWIN
AGRICULTURAL COLLEGE

Certificate of Financial Support

Enrollment Management
 ABAC 4, 2802 Moore Hwy
 Tifton, GA 31793-2601
 Phone: 229-391-5004
 1-800-733-3653
 Fax: 229-391-5002

You are required to certify that you will have available the sum of \$17,432.00 (current for Fall 2009 and Spring 2010), for your expenses for your first academic year (2 semesters) at Abraham Baldwin, excluding travel expenses. You should also indicate how you will meet your expenses for subsequent years of study if you expect your program to require more than one year. Students who plan to attend classes during the summer semester will need an additional \$8,716.00. In computing expenses, you should bear in mind that the students holding student (F) or exchange visitor (J) visas will not be authorized to work except under extraordinary circumstances. Therefore, the applicant should not look to employment, either part time during the academic year or full-time during the summer, as significant means of support while at Abraham Baldwin. Under no circumstances are students allowed to work full-time during the academic year.

You are also likely to need this documentation to prove to the United States counselor officials that you have sufficient funds. We suggest, therefore, that you make copies of all documents for this purpose.

PLEASE NOTE: A FORM I-20 (FOR THE ASSURANCE OF A VISA) CAN BE ISSUED TO YOU ONLY AFTER YOU HAVE BEEN ADMITTED TO ABRAHAM BALDWIN AND HAVE COMPLETED THE FORM TO OUR SATISFACTION AND RETURNED IT TO THIS OFFICE.

SOURCES OF SUPPORT	AMOUNTS IN U.S. DOLLARS	
PERSONAL AND/OR FAMILY SAVINGS Name of Bank: _____ <i>Note: a bank official's signature is required on the certification below if the student is supported in part or whole by personal savings.</i>	First Year Assured Support	Second Year Projected Support
PARENTS AND/OR SPONSORS - Print name of each person: _____ _____ <i>Note: Signature of parent or sponsor is required below.</i>		
YOUR GOVERNMENT - Print name of agency: _____ _____ <i>Note: Enclose with this form a signed copy of your letter of award.</i>		
Other - Please specify: _____ _____ <i>Note: Enclose with this form an affidavit from the authorized person to certify accuracy.</i>		

TOTALS		
Each of these totals should equal the estimated above costs for one academic year.		

Enter the total amount of money you expect to have when you arrive at this institution. U.S.\$: _____

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

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

Bank Official's Signature: _____

Bank Official's Name: *(print)* _____ Title: _____

Name of Bank: _____

Address of Bank: _____ Date: _____

This is to certify that I have read the information furnished by the applicant on this form, that the information is true and accurate, and that the funds are available and will be provided as specified.

Sponsor's Signature: _____ Date: _____

Sponsor's Name: *(print)* _____

Relationship of Sponsor to Applicant: _____ Address: _____

I, _____, certify that the total amount of money that I have available for my first academic year at Abraham Baldwin is \$ _____. Further, I certify that the above information provided is correct and complete and that I shall notify Abraham Baldwin of any change in my financial status.

Student's Signature: _____ Date: _____