



OFFICE OF ADMISSIONS

admissions@umhs-sk.net
phone: 212-868-0855
fax: 212-868-4722

Affidavit of Financial Support of Student

Please PRINT

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Student Phone Number (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ Email: \_\_\_\_\_

This affidavit ensures that the above named student will not become a public charge of UMHS or the government of St Kitts.

In order to obtain a visa from the government of St. Kitts, all students must demonstrate that they have sufficient funds to support themselves while living on the island. You will need to list below and attach documentation that the student will have at least \$10,000 per semester. The completed affidavit needs to be mailed along with your visa application to the UMHS St. Kitts address.

PROOF OF SUPPORT: The following documents will suffice as evidence of the student's financial support. You need to provide a document for each source of funding being used. You may use one or a combination of documents to prove that you have access to \$10,000 for the first semester.

- Original letter from the student's checking or savings bank (current available balance in United States dollars)
• Original letter from the sponsor's checking or savings bank (current available balance in United States dollars)
• UMHS Loan Award Letter and/or UMHS Scholarship Award Letter
• Financial Aid Award Letter from programs other than UMHS

ATTESTATION OF SUPPORT:

Student's Financial Aid Sources:
Financial Aid Program: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Financial Aid Program: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Student's Personal Financial Sources:
Name of Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Sponsor(s) Financial Sources:
Name of Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sponsor's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Sponsor's Relationship to Student \_\_\_\_\_

We hereby attest to the above listed sources of funding will be made available to the student. (All signatures must be notarized)

X
Student's Signature
Subscribed and affirmed before me this day of \_\_, 20
Signature and Seal of Notary

X
Sponsor's Signature
Subscribed and affirmed before me this day of \_\_, 20
Signature and Seal of Notary



OFFICE OF ADMISSIONS

admissions@umhs-sk.net
phone: 212-868-0855
fax: 212-868-4722

Affidavit of Financial Support of Spouse and/or Dependents

(Addendum to the Affidavit of Financial Support for Students)

Please PRINT

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Student Phone Number (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ Email: \_\_\_\_\_

This affidavit ensures that the above named UMHS student will reside in St. Kitts with a spouse and/or dependents who will not become a public charge of UMHS or the government of St Kitts.

In order to obtain a visa from the government of St. Kitts, all such persons must demonstrate that they have enough money to support themselves while living on the island. You will need to list below and attach documentation that each adult will have at least \$10,000 per semester and each child will have at least \$5,000 per semester. Mail the completed affidavit along with your visa application to the UMHS St. Kitts address.

Spouse and/or Dependent Name(s) and Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ Email: \_\_\_\_\_

PROOF OF SUPPORT:

The following documents will suffice as evidence of financial support for the spouse and/or dependents. You need to provide a document for each source of funding being used. You may use one or a combination of documents to prove that you have access to the required amount for the first semester.

- Original letter from the sponsor's checking or savings bank (current available balance in USD)
• Original letter from the spouse and/or dependent's checking or savings bank (current available balance in USD)
• Financial Aid Award Letter from spouse and/or dependent's educational programs
• Letter from the UMHS Financial Aid office stating the student's financial aid package contains fund to support stated dependents

ATTESTATION OF SUPPORT:

Spouse and/or dependent Financial Sources:

Financial Aid Program: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
Financial Aid Program: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Spouse and/or dependent Financial Sources:

Name of Bank \_\_\_\_\_ Amount: \$ \_\_\_\_\_
Name of Bank \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Sponsor(s) Financial Sources:

Name of Bank \_\_\_\_\_ Amount: \$ \_\_\_\_\_
Name of Bank \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sponsor's Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor's Relationship to Student/Spouse/Dependent: \_\_\_\_\_

We hereby attest to the above listed sources of funding will be made available to the Spouse and/or dependent. (All signatures must be notarized)

X \_\_\_\_\_
Student's Signature
Subscribed and affirmed before me
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_
Signature and Seal of Notary

X \_\_\_\_\_
Spouse/Dependent Signature
Subscribed and affirmed before me
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_
Signature and Seal of Notary

X \_\_\_\_\_
Sponsor's Signature
Subscribed and affirmed before me
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_
Signature and Seal of Notary