

Internship Program in France - Statement of Available Funds

I, the undersigned,

First Name: _____

Last Name: _____

Birth Date (MM/DD/YYYY): _____

Citizenship: _____

Passport Number: _____

Place of Residence (address): _____

hereby declare that I have or will have sufficient funds to cover my cost of living for the entire duration of my internship program in France. "Sufficient funds" means no less than € 1500 (fifteen hundred Euro) per month. I will cover my living expenses and the cost of my departure from France.

Date

Signature