

# INTERNATIONAL STUDENT CERTIFICATE OF FINANCIAL SUPPORT

The information that you provide on this form will:

- help us evaluate the funds available for you to study at Judson University,
- be shared as required information if an I-20 is issued for you from Judson University. (The I-20 is an official document that allows you to apply for an F-1 student visa. Information on I-20s is automatically shared with the U.S. Department of Homeland Security.)

Therefore, it is important that you fill out this form completely and accurately.

JUDSON UNIVERSITY Perform		ate in Music program		
Tuition Room & Board Other Expenses Total Annual Costs	\$12,000.00 \$9,784.00 \$3,500.00	(two semesters) (two semesters) (two semesters) (two semesters)		
Applicant Name:		Date:		
E-Mail Address:		Fax (include country code)		
Country of Birth:		Country of Citizenship:		
Undergraduate Major:		Anticipated Start Date:		
Occupation:				
Employer:				
that I have the funds necessar misrepresentation of this information	ry to complete m tion may be groun	accurate and complete. I recognize that I am responsible to ensure ny academic program at Judson University. I understand that ids for refusing admission or revoking enrollment. I also understand er is necessary for my continued enrollment at Judson.		
Applicant Name (print)		Applicant Signature & Date		

## SECTION A: Family/Guardian/Personal Income & Support

Please provide accurate information about your family's income and the amount available for educational expenses.

	Year One	Year Two
Annual Family/Guardian/Personal Income:	\$	\$
2. Amount available for education costs:	\$	\$

**Employer Verification:** To be completed by your employer (or the employer of your spouse, parent, or other family members contribute to your education). **Attach an official letter of employment to verify family income (including salary amount).** 

I hereby certify that I have reviewed the income information listed in this section of the Certificate of Financial Support and affirm that the income is true as of this date.

Employer Name & Title (print)	Employer Signature & Date
Name of Employer's Business	Business Address
Employer Name & Title (print)	Employer Signature & Date
Name of Employer's Business	Business Address

# SECTION B: Family/Guardian/Personal Savings, Investments, & Assets

Please provide accurate information about additional funds (savings, investments, other assets) that your family has, and how much will be available for educational expenses.

	Year One	Year Two
1. Other resources from family funds:	\$	\$
2. Amount available for education costs:	\$	\$

**Savings, Investments, & Assets Verification:** To be completed by a Bank Official. **Attach an official bank statement to verify resources.** 

I hereby certify that I have reviewed the savings, investments, and asset information listed in this section of the Certificate of Financial Support and affirm that the information is true as of this date.

Bank Official's Name & Title (print)	Bank Official Signature & Date	
Name of Bank	Bank Address	_

#### **SECTION C: Other Financial Sponsors**

Please identify any other sponsors (government, relatives, churches, friends, organizations) that will be contributing to your education. This sheet can be photocopied if necessary.

	Year One	Year Two
Sponsor 1:	\$	\$
Sponsor 2:	\$	\$
TOTAL:	\$\$	

Financial Sponsor 2 Verification:

This section is to be completed by the person(s)

financially sponsoring the education costs. Attach

Sponsor 1 Signature & Date

Sponsor 1 E-mail / Phone / Fax

Sponsor 1 Full Address

### Financial Sponsor 1 Verification:

This section is to be completed by the person(s) financially sponsoring the education costs. Attach official documentation to verify these financial

official documentation to verify these financial resources.	official documentation to verify these financial resources.
Affidavit of Sponsor: I hereby attest that I am willing	Affidavit of Sponsor: I hereby attest that I am willing
and able to provide no less than the amount stated	and able to provide no less than the amount stated
in <b>SECTION C</b> , namely \$ in cash for the	in <b>SECTION C</b> , namely \$ in cash for the
duration of years for the following student	duration of years for the following student
·	
My relationship to the student is	My relationship to the student is
Affirmation of Oath I hereby affirm that the contents of the above statement are true and correct.	Affirmation of Oath I hereby affirm that the contents of the above statement are true and correct.
Sponsor 1 Name and Title (print)	Sponsor 1 Name and Title (print)

# **SECTION D: FINANCIAL SUPPORT SUMMARY**

Sponsor 1 Signature & Date

Sponsor 1 E-mail / Phone / Fax

Sponsor 1 Full Address

Add up the amounts to be contributed to educational costs from SECTIONS A, B, and C.

	Year One	Year Two
Section A – Income (item #2)	\$	\$
Section B – Savings, etc. (item #2)	\$	\$
Section C – Sponsors (total from Section C)	\$	\$
TOTAL FINANCIAL SUPPORT AVAILABLE:	\$\$	