



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-20 is automatically shared with the U.S. Department of Homeland Security.)

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

Master of Arts in Community Music Program COSTS: (Fall 2024- Spring 2025)

Tuition	\$14,760	(two semesters)
Cost of Living	\$9,500	(two semesters)
Total Costs	\$24,260	(two semesters)

Applicant Name: _____ Date: _____

E-Mail Address: _____

Country of Birth: _____ Country of Citizenship: _____

Undergraduate Major: _____ Anticipated Start Date: _____

Occupation: _____

Employer: _____

I hereby certify that the information on this form is accurate and complete. I recognize that I am responsible to ensure that I have the funds necessary to complete my academic program at Judson University. I understand that misrepresentation of this information may be grounds for refusing admission or revoking enrollment. I also understand that prompt settlement of my account each semester 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
1. 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 1 Verification:

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

Affidavit of Sponsor: I hereby attest that I am willing and able to provide no less than the amount stated in **SECTION C**, namely \$ _____ in cash for the duration of _____ years for the following student

My relationship to the student is _____.

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 Signature & Date

Sponsor 1 Full Address

Sponsor 1 E-mail / Phone / Fax

Financial Sponsor 2 Verification:

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

Affidavit of Sponsor: I hereby attest that I am willing and able to provide no less than the amount stated in **SECTION C**, namely \$ _____ in cash for the duration of _____ years for the following student

My relationship to the student is _____.

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 Signature & Date

Sponsor 1 Full Address

Sponsor 1 E-mail / Phone / Fax

SECTION D: FINANCIAL SUPPORT SUMMARY

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:	\$ \$	