

**International Student Program Financial Guarantee Form**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Middle First

The Bureau of Citizenship and Immigration Services (BCIS)/DHS requires students to prove that they can afford to study in the U.S. For admission purposes, all students must show that they, or their sponsor, have immediate access to at least $16,000 USD to secure their first year of education.

**Estimated Cost for One Academic Year:**

Tuition Fees $6,500

 Living Expenses 7,500

 Health Insurance 700

 Personal Needs 1,300

 **Total $16,000**

**Source(s) of Funding:**

Please show the amount of funds available to you in each category. Please report amounts in U.S. Dollars.

 From Parents $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 From Own Savings $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 From Sponsor (relative or other) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification By Parent or Other Financial Sponsor:**

Sponsor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last Relationship

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State/Province Country ZIP/Postal Code

**All parties providing financial support must attach a bank statement showing available funds.**

**CERTIFICATION: “I certify that all statements on this form are true and complete.”**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Sponsor’s Signature Date**