

FINANCIAL SPONSORSHIP FORM

PART I — TO BE COMPLETED AND SIGNED BY THE FINANCIAL SPONSOR

Full name of student to be sponsored _____

Your relationship to this student _____

I will be the financial sponsor of the above-named student who intends to enroll at the University of Saint Francis in Fort Wayne, Indiana, USA. I understand that the official university cost estimate for undergraduate studies during the 2014–15 school year is \$37,870, which includes two terms of tuition and living expenses. Living expenses include food, housing, books and supplies, health insurance, transportation, some entertainment costs, and many personal items. Actual living expenses will vary. I also understand that these costs are expected to increase yearly. I understand that the full course of study for a bachelor's degree usually requires four years, although some students need more than four years to complete this course of study. Given the above understandings, I guarantee that the amount indicated above will be available to this student promptly as his or her need for it arises.

Sponsor's signature _____ Date _____

Sponsor's name (printed) _____

Sponsor's permanent address _____

Notes on financial sponsorship _____

Attention, Student:

If you will have more than one sponsor, please inform us of your situation so we can adapt this form for your individual circumstances. If your financial support will come from your government, please arrange for us to receive an official sponsorship document indicating support for you to study at the University of Saint Francis. If all of your financial support will come from your personal resources, please send us an official bank statement or similar account evidence that shows you will have the money needed for the duration of your studies.

PART II — TO BE COMPLETED BY THE APPROPRIATE CERTIFYING OFFICIAL OF THE SPONSOR'S LOCALITY

(Notary public, higher magistrate, oaths administrator, etc.)

I certify that the person who has signed Part I to guarantee financial sponsorship is the same person whose name and address are given above.

Official's signature _____ Date _____

Official's name (printed) _____

Official's title _____

Official seal or stamp

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260-399-8000 800-729-4732 sf.edu

The University of Saint Francis complies with all federal regulations prohibiting discrimination on the basis of race, religion, national origin, gender, age or disability in matters pertaining to admission, employment and access to programs.



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