



Center for International Education
3800 Victory Parkway
Cincinnati, OH 45207 U.S.A
Phone: +1 (513) 745-2864
Fax: +1 (513) 745-2876
www.xavier.edu/international

FINANCIAL SPONSOR STATEMENT FORM

Section I: Student Information

Family/Surname _____ First/Given Name: _____
Date of Birth (MM/DD/YYYY): _____ Email: _____
Country of Citizenship: _____ Country of Birth: _____
Current Mailing Address in the U.S.: _____
City: _____ State: _____ Zip Code: _____

Section II: Sponsor Information (Select one option)

Option #1: Student is his/her own sponsor.

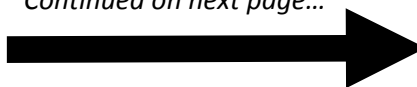
By signing this form, I certify that I have funds available in the amount of at least \$_____ in U.S. dollars for each year of my studies at Xavier University.

Please make sure that:

- You have attached a certified bank statement showing funds available to cover one year of studies.
- The bank statement clearly indicates that these funds are in your name.

Student Signature: _____ Date: _____

Continued on next page...



Option #2: Student is sponsored by one multiple sponsors.

Please note that:

- Each sponsor must complete this section. Therefore, multiple copies of this form may need to be printed.
- If a sponsor resides in the United States, the form for that sponsor must be notarized.
- Each sponsor must submit a certified bank statement showing available funds. The total amount from all sponsors must cover one year of studies.

Sponsor's Family/Surname _____ Sponsor's First/Given Name: _____

Phone: _____ Email: _____

Relationship to Applicant: _____

Current Mailing Address in the U.S.: _____

City: _____ State: _____ Zip Code: _____

By signing this form I certify that funds of at least \$ _____ in U.S. dollars per year will be available to
_____ for his/her studies at Xavier University.
(Student Name)

Sponsor's Signature: _____ Date: _____

State of _____

County of _____

On this _____ day of _____, _____, _____ personally appeared
(Day) (Month) (Year) (Printed Name of Signer)

before me as the signer(s) of the attached instrument, and he/she/they acknowledged that he/she/they signed the instrument voluntarily for the purpose expressed in it.

Signature of Notary: _____

Notary's Name as Commissioned: _____
(Printed Name)

(Seal)

Please submit the ORIGINAL, completed form to:

Xavier University
Office of Undergraduate Admission
3800 Victory Parkway
Cincinnati, OH 45207