

## **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.

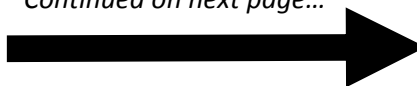
By signing this form, I certify that I have funds available in the amount of at least \$ \_\_\_\_\_ in U.S. dollars for each year of my studies at Xavier University.

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: \_\_\_\_\_

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**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 ORIGINAL, completed form to:**

Xavier University  
Center for International Education  
3800 Victory Parkway  
Cincinnati, OH 45207-2171