

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

Please complete this form only if the financial documents do not belong to the student.

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		
 may need to be printed. Each sponsor must submit original bank st account information stating the available b accepted. The total amount from <u>all</u> spons health insurance, and student fees. 	atements or a certified of alance of the fund. Copports must cover one year	of section. Therefore, multiple copies of this form official bank letter verifying the sponsor's name and ies of bank statements and letters will not be of tuition, living expenses, and the costs of books,
Sponsor's Family/Surname	Sponsor's Firs	t/Given Name:
Phone:	Email:	
Relationship to Applicant:		
Address:		
City:	Province/State:	
Zip Code:	Country:	
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:	

If you are seeking admission, please mail the ORIGINAL bank statements and this form to:

Xavier University
Office of Admission
3800 Victory Parkway
Cincinnati, OH 45207-5131

Fax: +1 (513) 745-4319 Email: xuadmit@xavier.edu