



6832 Convent Blvd.
Sylvania, OH 43560
419-517-8908

International Student Financial Certification

Please provide the following information:

Family/Surname _____

First/Given _____ Middle _____

Date of Birth ____/____/____ Country of Birth _____
month day year

Country of Citizenship _____

Are you currently in the United States? Yes No If yes, list immigration status _____

Email Address _____ Telephone _____

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Mailing Address for I-20

Street Address _____

City _____ State/Country _____ Zip _____

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Funding Information

The total support necessary for first year of study must be documented and available. The support necessary for subsequent years of study must be reasonably attainable and documented through bank statements, employment letters, tax returns, investments, etc.

Employment/salary letters and investments are the most reliable sources of support. If any funds are being provided by a sponsor, the sponsor must complete the Affidavit of Sponsorship on the back of this form. If personal funds are being used, bank statements must be attached in the student's name and be sufficient for all years of study, not just dye first year.

The total amount of money I have available for each academic year of study is \$ _____

\$ _____ personal funds

\$ _____ sponsor funds

\$ _____ funds from Lourdes University. Type of funds _____

\$ _____ other, please specify _____

I certify that the above information provided is correct and complete and that I shall notify Lourdes University (DSO or PDSO) of any change in my financial circumstances.

Student Signature _____ Date ____/____/____
month day year



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Financial Certification Affidavit of Sponsorship

Sponsor: Please provide the following information:

I hereby attest that I am willing and able and will provide no less than USD \$ _____ in cash to the student named below for each year of study at Lourdes University. I am attaching documents that prove the support is available/attainable; including bank statements, employment/salary letters, investments, tax returns and other assets. (The amount indicated should agree with the amount on the front of this form from the sponsor line)

Name of Student _____

Sponsors Name _____ Relationship to Student _____

Sponsors Full Mailing Address:

Street Address _____

City/State/Country/Province _____

Zip/Postal Code _____

Sponsor: Below list all persons who are dependent upon you for their housing, food, or financial support. Do not include persons who support themselves or the student named above.

Name _____ Relationship to Sponsor _____ Age _____

Name _____ Relationship to Sponsor _____ Age _____

Name _____ Relationship to Sponsor _____ Age _____

Name _____ Relationship to Sponsor _____ Age _____

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Affirmation or Oath of Sponsor

I hereby affirm that the contents of the above statements are true and correct and understand I have agreed to provide adequate financial support for the student listed above for the duration of the student's program of study.

Signature of Sponsor _____ Date ____/____/____
month day year

Printed Name of Sponsor _____

This form is valid for 6 months from: Today's Date ____/____/____
month day year

RETURN THIS FORM TO YOUR DSO