



### FINANCIAL SUPPORT

THE PURPOSE OF THIS FORM IS TO ASSIST THE ADMISSIONS OFFICE IN DETERMINING THAT THE BELOW NAMED STUDENT FROM ABROAD (1) WILL NOT BECOME A PUBLIC CHARGE IN THE EVENT HE OR SHE IS ADMITTED TO GUAM (2) DOES NOT INTEND TO TRAVEL TO GUAM FOR THE PURPOSE OF OBTAINING PERMANENT RESIDENT STATUS (3) DOES NOT INTEND TO TRANSFER TO ANOTHER COLLEGE UNTIL COMPLETION OF STUDIES HERE. PLEASE REFER TO OUR CURRENT COST OF ATTENDANCE LISTED ON "INSTRUCTIONS TO APPLICANT".

**Student:**

NAME OF STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Family First Middle

PERMANENT ADDRESS IN HOME COUNTRY: \_\_\_\_\_

IF YOU PLAN TO BRING DEPENDENTS, PLEASE LIST THEIR NAMES AND BIRTHDATES IN THE SPACE BELOW. PROVIDE EVIDENCE THAT APPROXIMATELY \$4,000 PER YEAR/PER DEPENDENT IS AVAILABLE ABOVE THE AMOUNT REQUIRED FOR YOU:

Name	SEVIS I.D.#	Birth date	Country of Birth	Country of Citizenship	Relationship	Gender

**Sponsor:**

NAME OF SPONSOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_ YEARLY AMOUNT OF SUPPORT IN \$ \_\_\_\_\_

IF YOU EXPECT TO RECEIVE A GRANT/LOAN, PLEASE PROVIDE THE NAME AND ADDRESS OF THE SPONSORING AGENCY AND ATTACH A COPY OF YOUR AWARD LETTER:

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING.

I GUARANTEE, WITHOUT RESERVATION, THE MAINTENANCE, WELFARE, AND ALL EXPENSES INCLUDING TUITION, INCIDENTAL EXPENSES, REQUISITE TRAVEL, INSURANCE, AND MEDICAL EXPENSES INCURRED BY THE STUDENT WHILE IN GUAM AND ENROLLED AT THE UNIVERSITY OF GUAM. I ALSO GUARANTEE THAT I CAN PAY THE COST OF TRANSPORTATION AND INCIDENTAL EXPENSES FROM THE STUDENT'S RESIDENT COUNTRY TO GUAM AND BACK UPON COMPLETION OF STUDIES. IF GUARANTEE INCLUDES PAYMENT OF TRAVEL EXPENSES, PLEASE COMPLETE THIS PARAGRAPH: THAT I CAN PAY THE COST OF TRANSPORTATION AND INCIDENTAL EXPENSES FROM \_\_\_\_\_ TO GUAM AND FROM GUAM TO \_\_\_\_\_ UPON COMPLETION OF STUDIES AT THE UNIVERSITY OF GUAM. IF ANY INFORMATION CHANGES, I WILL IMMEDIATELY NOTIFY THE OFFICE OF ADMISSIONS AND RECORDS.

SIGNATURE OF SPONSOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**Bank Verification for Visa Purposes:**

I CERTIFY THAT THE ABOVE NAMED SPONSOR HAS THE AMOUNT OF \$ \_\_\_\_\_ ON DEPOSIT WITH OUR INSTITUTION SUFFICIENT TO PROVIDE FINANCIAL SUPPORT FOR (INDICATE NAME OF STUDENT): \_\_\_\_\_

THIS CERTIFICATION IS OFFERED WITH NO RESPONSIBILITY ON THE PART OF THIS BANK OR FINANCIAL AGENCY.

FOR FOREIGN BANKS OUTSIDE THE U.S.: THIS BANK CERTIFIES THAT THERE WILL BE NO RESTRICTIONS FOR THE TRANSFER OF FUNDS IN THE EVENT THAT IT IS NEEDED.

NO RESTRICTIONS  YES, PLEASE SPECIFY: \_\_\_\_\_

Bank Seal or Stamp

NAME OF BANK (OR AGENCY): \_\_\_\_\_ COUNTRY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF ACCOUNT HOLDER: \_\_\_\_\_

TYPE OF ACCOUNT:  SAVINGS  CERTIFICATE OF DEPOSIT  OTHER \_\_\_\_\_

DATE ACCOUNT OPENED: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

CONFIRMED BY BANK EMPLOYEE:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

