



**b. Other**

**Parents (Funds listed here must be in addition to "Savings" listed in 6a.)**

	<b>Assured Support</b>		<b>Projected Support</b>	
	Year ONE	Year TWO	Year THREE	Year FOUR
<b>Parent 1</b> Name:	\$	\$	\$	\$

Relationship to you:

What is the source of their funds:

<b>Parent 2</b> Name:	\$	\$	\$	\$
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Relationship to you:

What is the source of their funds:

**I confirm that I have reviewed the above information provided by the applicant. I further confirm that the funds are available and will be provided accordingly.**

**Signatures:** Parent 1 \_\_\_\_\_ Date: \_\_\_\_\_ Parent 2 \_\_\_\_\_ Date: \_\_\_\_\_

Parent 1 Address:

Parent 2 Address:

**Sponsors (i.e. from sources other than parents)**

	<b>Assured Support</b>		<b>Projected Support</b>	
	Year ONE	Year TWO	Year THREE	Year FOUR
<b>Sponsor 1</b> Name:	\$	\$	\$	\$

Relationship to you:

Please describe the source of the funds:

<b>Sponsor 2</b> Name:	\$	\$	\$	\$
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Relationship to you:

Please describe the source of the funds:

**I confirm that I have reviewed the above information provided by the applicant. I further confirm that the funds are available and will be provided accordingly.**

**Signatures:** Sponsor 1 \_\_\_\_\_ Date: \_\_\_\_\_ Sponsor 2 \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor 1 Address:

Sponsor 2 Address:

**Your Government**

	<b>Assured Support</b>		<b>Projected Support</b>	
	Year ONE	Year TWO	Year THREE	Year FOUR
Name of Agency:	\$	\$	\$	\$

*Enclose a signed copy of your letter*

*of award with this form.*

**Other (specify source)**

	<b>Assured Support</b>		<b>Projected Support</b>	
	Year ONE	Year TWO	Year THREE	Year FOUR
<b>Source 1</b> Name:	\$	\$	\$	\$

Relationship to you:

What is the source of their funds:

<b>Source 2</b> Name:	\$	\$	\$	\$
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Relationship to you:

What is the source of their funds:

**I confirm that I have reviewed the above information provided by the applicant. I further confirm that the funds are available and will be provided accordingly.**

**Signatures:**

Sponsor 1

Date:

Sponsor 2

Date:

Sponsor 1 Address:

Sponsor 2 Address:

	<b>Assured Support</b>		<b>Projected Support</b>	
	Year ONE	Year TWO	Year THREE	Year FOUR
<b>TOTAL</b> (from all sources)	\$	\$	\$	\$

7. Are there any governmental restrictions imposed by your home country that apply to your ability to access your funds for study in the U.S.? If so, please describe.

8. Will you be able to access emergency funds, if needed, in the US? If so, please specify the source and the dollar amount that would be available.

9. Do you plan to remain in the US during the summer? If so, please provide the following information:

Sources of Financial Support:

Estimated Amount:

U.S. \$ .00

U.S. \$ .00

U.S. \$ .00

U.S. \$ .00

Do you plan to attend summer school while in the U.S.?    Yes                  No

