



2600 South 1st Street Temple, TX 76504 254-298-8335 FAX 254-298-8329 Email: misty.reid@templejc.edu

Statement of Financial Support

This document **must** contain all of the appropriate signatures before a student is considered eligible to receive the form I-20. If separate statements from the bank and sponsor are submitted, each must be original. Statements must be dated within 30 days of receipt at Temple College. **Monetary amount must be stated in U.S. dollars.** If, as proof of finances, you submit a statement showing CDs/Mutual Funds, Pension Funds, 401K, Stocks or Trust Funds, these funds are not immediately available. Submit a copy of the terms, translated in English explain what arrangements have been made to transfer these funds to pay for your educational expense. FAXED or SCANNED COPIES will be accepted in order to issue the I-20, but ORIGINAL copies are needed before you are registered in the SEVIS system. Failure to register will result in failure to maintain status, and the I-20 will be terminated.

Student Name: _____ Country of Citizenship: _____

Date of Birth: ____/____/____ (MM/DD/YYYY) Social Security Number ____-____-____

Statement from Sponsor

I, _____, do swear that I will make available to _____
(Name of Sponsor) (Name of Student)

a total sum of \$15,167/year for general degrees or \$15,527/year for health science degrees for tuition and living expenses. I understand that Temple College will not be able to assist the student financially. I further understand that I am fully responsible and will be held accountable by the College, for maintaining the terms of this statement.

My relationship to the applicant is _____

Sponsor's Signature

Address of Sponsor

Telephone

Academic Year Estimate		
	General Degrees:	Health Science Degrees:
Tuition and Fees	\$6432	\$6792
Room and Board	\$7309	\$7309
Misc. Fees	\$1426	\$1426
Total Cost (per year)	\$15,167	\$15,527

Statement from Bank

This is to certify that _____, whose signature appears above, has sufficient funds to cover
(Name of Sponsor)

the amount (General Degree: \$15,167/Health Science Degree: \$15,527) of expenses of the student applicant names and that the information furnished by the sponsor regarding availability of funds is true and correct, to the best of our knowledge.

Name and Title of Bank Official

Name of Bank

Signature of Bank Official

Address

Date

City/Country

PLACE OFFICIAL SEAL HERE