

**Statement of Financial Support  
Doctorate of Physical Therapy (transitional)**

**University of Indianapolis  
2004-2005**

**INSTRUCTIONS:** Complete ALL sections below in FULL. Signatures of applicant, sponsor, and bank as well as a copy of your passport MUST be included. **Failure to complete all sections will result in your request for an I-20 being delayed.** Return the completed form to the person assisting you with your admission to Indianapolis. International students must present satisfactory evidence of adequate funds available to meet financial obligations pursuant to U.S. immigration law.

<b>One academic year (12months):</b>		
Tuition	\$11,655	<b>ADD \$3,390 for each spouse and child accompanying you to the U.S.</b>
Room & Board	\$ 8,199	
Miscellaneous	\$ 4,000	
<b>TOTAL</b>	<b>\$23,854</b>	

**Section A. Applicant Information**

Full Name \_\_\_\_\_  
 \_\_\_\_\_ Family Name \_\_\_\_\_ First (Given) Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_  
 \_\_\_\_\_ mm/dd/yy \_\_\_\_\_  
 \_\_\_\_\_ Country of citizenship \_\_\_\_\_  
 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 \_\_\_\_\_ please include country & city code  
 E-mail address \_\_\_\_\_ Male/Female (Circle one—SEVIS requirement)

Source of Financial Support to meet US \$23,854 Requirement:

Personal funds ..... US \$ \_\_\_\_\_  
 Funds from Sponsor (Name of sponsor: \_\_\_\_\_)..... US \$ \_\_\_\_\_  
 Relation: \_\_\_\_\_ NOTE: Sponsor can be a parent, relative, or private organization  
 Government Agency (Name of agency: \_\_\_\_\_)..... US \$ \_\_\_\_\_  
 Other (please specify: \_\_\_\_\_)..... US \$ \_\_\_\_\_

**TOTAL** (must be US \$23,854.00\* or more)..... US \$ \_\_\_\_\_

\*If family members will accompany you, additional financial support is required. See reverse side.

**Section B. Sponsor Certification** (If government or private organization scholarship, leave section blank & attach official award letter)

Name of sponsor (yourself, parent, or relative) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to applicant \_\_\_\_\_

**Sponsor's Guarantee:**

I, \_\_\_\_\_, guarantee that the sum of US \$ \_\_\_\_\_ will be available for the  
 \_\_\_\_\_ print sponsor name here  
 above-named student for the first academic year at the University of Indianapolis.

**Signature of sponsor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 mm/dd/yy

**Section C. Official Bank Verification** (Section C can be fulfilled by attaching a letter from the bank IN ENGLISH & US dollars)

This is to certify that \_\_\_\_\_ is financially capable of meeting the financial commitment as stated above (minimum: US \$23,854). If funds are outside the US, timely transfer to US is permitted under the government's present regulations. This verification does not constitute a statement of liability on the part of the bank official or the bank named below:

Print Bank Official's Name: \_\_\_\_\_  
 Bank Official's Title: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED OFFICIAL BANK STAMP IN BOX**

**Signature of bank official:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 mm/dd/yy

**THIS FORM CONTINUED ON REVERSE SIDE**

**Section D. Signature of Applicant**

I fully understand the minimum amount of money necessary for tuition, fees, and living expenses at the University of Indianapolis. I verify that a minimum of US \$23,854 will be available per year for my study, and I can freely obtain, without restriction, these funds from my country. I also understand that I must obtain and maintain health insurance coverage for myself and any dependents that accompany me to the United States.

I understand that providing false or misleading information can result in the denial of my application for internal transfer, or if admitted, in my immediate dismissal from the University of Indianapolis and/or deportation from the United States.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
mm/dd/yy

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**Dependent Information**

If your spouse or children will accompany you to the United States, you must provide proof of additional funding of \$3,390 per dependent in order for their names to be listed on your documents.

For example, if you bring your spouse and child, you will need to provide financial documentation of US \$30,634 (\$23,854 + \$3,390 + \$3,390) on the front side of this form.

Please list names of dependent accompanying you below:

Last Name	First Name	Relation	Country of Birth	Country of Citizenship	Date of Birth
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