

**Sponsor Financial Support Agreement  
For Educational Expenses**

To be completed by student:

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Last Name

First Name

Middle Name

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Date of Birth (month/day/year)

IUPUI University ID Number

To be completed by sponsor:

Declaration of Financial Support

By signing this form:

- I ensure the funds corresponding to my signature will be available to the above-named student for the first academic year at IUPUI.
- I understand the support amount is for **one year of expenses**, and a comparable amount will be needed for *each year* of the student's program.
- I understand this statement is being used for the purpose of issuing an immigration document.

\$ Amount	Source of Funds (bank, loan company, etc.)

Sponsor Name: \_\_\_\_\_  
Last or Family Name First Name

Sponsor's Relationship to applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sponsor  
Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year