

**Sponsor Financial Support Agreement
For Educational Expenses**

To be completed by student:

Last Name	First Name	Middle Name
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

Student: Please scan and upload this completed agreement to the Financial Support Agreement eform on your Atlas account.