UNIVERSITY of INDIANAPOLIS.

Statement of Financial Support

Admissions Office

1400 East Hanna Avenue Indianapolis, IN 46227 (317) 788-3216 / 1-866-421-7173 (U.S. only) Fax: (317) 788-3300 / http://www.uindy.edu

Please have each source of financial support for your studies at the University of Indianapolis complete a copy of the following agreement. Each sponsor also should submit an original bank letter or statement verifying the availability of funds. Alternatively, a bank official may complete and stamp the verification section at the bottom of this form. Funds can also be verified securely online at fundsv.com/g/uindy. Funding from all sources should total at least \$37,740 for the 2013–14 academic year.

Sponsor's name:	
Sponsor's relationship to applicant:	
I will provide financial support to (name of applicant): _	
in the total amount of U.S. \$	for studies at the University of Indianapolis.
I understand that:	
payment in full is due before each semester begins, r	regardless of any currency restrictions or difficulties in transferring funds.
timely payment is required for enrollment and for n	naintenance of legal student visa status.
tion fee; \$80 health services fee; \$990 medical inst document purposes, which includes an additional	follows: \$24,420 tuition; \$9,320 room & board; \$160 activity fee; \$40 registra- urance; and \$1,075 books (estimate). In total, \$37,740 is required for I-20 visa al \$1,655 of personal funding for emergencies and other expenses. Moreover, and or spouse of the applicant to be issued a dependent I-20.
Sponsor's signature:	Date:
Sponsor's address:	
Telephone number:	
Fax number:	E-mail:
Official Bank Verification (Original bank statement n	nay be substituted.)
This is to certify that for educational expense is permitted under the government's present regulations. official or the bank named below:	is financially capable of providing es of the student named above. If funds are outside the U.S., timely transfer to U.S This verification does not constitute a statement of liability on the part of the bank
Print Bank Official's Name	Required Official Bank Stamp In Box
Bank Official's Title:Bank Address:	
Signature of Bank Official	
Date:	