

# FRANK PHILLIPS COLLEGE

Office of Educational Services

International Student Advisor

806-457-4200 x751

## SPONSOR'S FINANCIAL STATEMENT

Please print:

Name of Applicant \_\_\_\_\_  
(Family name) (First name)

I certify that I am financially able and willing to support the above named student while he/she is pursuing a course of study at Frank Phillips College. I hereby guarantee to provide sufficient funds to pay for the tuition, fees, medical insurance, and living and personal expenses of the student while studying at Frank Phillips College.

Signature of sponsor- \_\_\_\_\_ Date- \_\_\_\_\_

Sponsor's name (Print)- \_\_\_\_\_

Relationship to Student- \_\_\_\_\_

Sponsor's Address- \_\_\_\_\_

Sponsor's e-mail address- \_\_\_\_\_

**Note: A bank letter must be attached to this form providing evidence of the funds available to meet the expenses of the student.**

I, \_\_\_\_\_ (Applicant's name) certify that the information provided above is correct and complete and that I am responsible for all expenses incurred during my study at Frank Phillips College not covered by the sponsor.

Applicant's Signature- \_\_\_\_\_ Date- \_\_\_\_\_

Applicant's Name (Printed)- \_\_\_\_\_