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## FINANCIAL GUARANTEE STATEMENT

(To be completed by U.S. non-immigrants. This guarantee will be considered valid for one year from date of completion. Proof of stocks or securities holdings, insurance, property or employment income is not acceptable financial support. Photocopied or faxed documents are also not acceptable).

Name of applicant as on passport \_\_\_\_\_  
Last (Family) First Middle

Gender:  Male  Female

Financial guarantee: A minimum of \$45,000.<sup>00</sup> per calendar year must be guaranteed. Provide bank certification as indicated. Notary public seals are not acceptable. Separate bank statements must be original and indicate the current U.S. dollar exchange rate.

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### Check financial option you plan to use

**PERSONAL SAVINGS OF APPLICANT'S FAMILY**

I certify that through my account with the institution listed below, I have available a minimum of \$45,000.<sup>00</sup> per calendar year of university attendance.

\_\_\_\_\_  
Signature of applicant Date

**Bank certification:** The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

\_\_\_\_\_  
Signature of bank office and bank seal/original address stamp Date

\_\_\_\_\_  
Typed name and address of bank

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**PRIVATE SPONSOR: (Scholarship, government, etc.)**

I am willing and able to guarantee the financial support of the applicant in the minimum amount of \$45,000.<sup>00</sup> per year for the duration of his/her university studies. I am NOT a non-immigrant student and I do not hold any other temporary visa status in the United States.

My relationship to the applicant is \_\_\_\_\_

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Address

**Bank certification:** The above-named sponsor has a minimum of \$45,000.<sup>00</sup> in U.S. currency or its equivalent on deposit with this institution.

\_\_\_\_\_  
Signature of bank office and bank seal/original address stamp Date

\_\_\_\_\_  
Typed name and address of bank

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**MULTIPLE FUNDING SOURCES: (Personal savings, sponsor, scholarship, etc.)**

Please list and provide appropriate documentation to verify available sources of funding.

1. Source: \_\_\_\_\_

I certify that through my account with the institution listed below, I have \$\_\_\_\_\_ (US Dollars) available per calendar year of university attendance.

\_\_\_\_\_  
Signature Date

**Bank certification:** The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

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Signature of bank office and bank seal/original address stamp \_\_\_\_\_ Date \_\_\_\_\_

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Typed name and address of bank \_\_\_\_\_

2. Source: \_\_\_\_\_

I certify that through my account with the institution listed below, I have \$\_\_\_\_\_ (US Dollars) available per calendar year of university attendance.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Bank certification:** The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

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Signature of bank office and bank seal/original address stamp \_\_\_\_\_ Date \_\_\_\_\_

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Typed name and address of bank \_\_\_\_\_

3. Source: \_\_\_\_\_

I certify that through my account with the institution listed below, I have \$\_\_\_\_\_ (US Dollars) available per calendar year of university attendance.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Bank certification:** The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

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Signature of bank office and bank seal/original address stamp \_\_\_\_\_ Date \_\_\_\_\_

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Typed name and address of bank \_\_\_\_\_

The information contained in this document is true and accurate to the best of my knowledge. I also understand that any falsification or omissions to this document will disqualify me from further consideration and/ or prompt withdrawal of any offer of admission and possible scholarship funds. I understand that if my educational expenses (tuition) are not paid before the semester begins, John Carroll University may cancel my registration which will result in my F or J visa to be out of status.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please staple bank statements and supporting documents to this form.**

Return forms to:  
John Carroll University  
Office of Admission  
20700 North Park Boulevard  
University Heights, OH 44118