

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 a	pplicant:			
Mailing Address:				
E-mail Address:				
Sponsor Signature:		Da	te://	
			Month Day Year	

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