FINANCIAL GUARANTEE



YOUR CALLING. OUR PASSION.

The United States Department of Homeland Security (DHS) regulations require documentation that sufficient financial resources are available to meet a student's prospective educational and living expenses while in the U.S. Therefore, Evangel University requires a guarantee of financial resources from each applicant who expects to obtain or maintain Student (F-1) status.

WHAT YOU NEED TO KNOW:

- Applicants are required to submit financial documentation that equals or exceeds one full year of expense for the program of study they are interested in pursuing.
- Adjustments in the financial certification cannot be made based on a student's individual circumstances. This estimate is based upon a full-time course load each semester. SEVP considers 12 credit hours as full-time for undergraduate students and varies for graduate studies (see the International Student Coordinator).
- Financial documentation is valid for six months from the date of signature on this form or date of bank statement submitted.
- Although scholarships are available for qualified international students, they may not cover a good portion of tuition
 and in most cases may not be relied upon to cover all educational costs. For more information regarding scholarship
 opportunities available at EU/AGTS, please visit https://www.evangel.edu/financial-aid-and-scholarships/

APPLICANT'S CERTIFICATION Applicant's Name (Please print) (Family/Last) (Given/First) (Middle) □ Spring (January) 20___ □ Summer (May) 20___ ☐ Fall (August) 20___ Expected enrollment date: I guarantee that I will have sufficient funds available to meet the estimated educational expenses for each year that I study at EU/AGTS, I certify that I can make necessary arrangements to have all funds transferred to the United States and that I will have adequate funds for my travel to and from the United States. I understand that tuition is payable at the beginning of each semester. These funds of \$______ per year will be provided by (check one): ☐ My Family ☐ My Own Savings □ Other (specify) ___ If you are married and your spouse and/or children will accompany you to the U.S., please provide the following information for each individual. Additional funds must be added to the financial guarantee form to support your dependents amounting to \$6,000 for a spouse and \$4,000 for each child. **Date of Birth Country of Birth Country of Citizenship** Relationship Last, First Name

Signature

GUARANTOR'S CERTIFICATION

Unless you are supported by your own savings, immigration documents will not be issued without the guarantor completing and signing this section.

| Guarantor's Name | | | Relation to Applicant: | | |
|--|--|--|---|--|---|
| (Please print) | (Family/Last) | (Given/First) | | | |
| Guarantor's Co | ountry of Citizens | hip | | | |
| Is the Guarantor currently residing in the United If yes, is the Guarantor o If no, is the Guarantor a | | | U.S. citizen? | □ Yes □ Yes □ Yes | □ No □ No □ No |
| If the Guaranto | | | a U.S. citizen or Permar rent visa classification | | |
| \$and supplies, ro (Name of applicant)_ each year the will provide the necessary arra applicant's tra | are estimates oom and board, applicant is enroge additional fundingements to have vel to and from the communication of the communicatio | of the average of medical insurance with sufficient with suffi | cost. The actual cost repremiums and persent funds to meet the I certify if there are detect the needs of the Cerred to the United State. | sonal lifestyles. I guara actual expenses incur ependents that plan to applicant's dependen | anges in tuition and fees, books ntee that I will provide red, as estimated above, for accompany the applicant, I ts. I certify that I can make the vide adequate funds for the |
| Signature of Guarantor: | | | Date: | | |
| BANK'S CERTI | IFICATION | | | | |
| | | | | ank letter or affidavit in ecifically verify the follo | s an acceptable substitute. The owing: |
| Name of | f account holder | | | | |
| • Date ac | count was open | ed. | | | |
| | | | nowledgment that ac dditional dependents | | m balance to cover the |
| | • | be converted to | | | |
| above, has ad for each year t | equate funds to that the above n | meet the estima amed applicant | ted expenses as listed is enrolled at EU/AGTS | above for the applica | rantor whose signature appears ant and any dependents listed not constitute a statement of |
| Signature: | | | | | |
| | | | | | |
| | | | Title or | | |
| | | | | | |
| | | | Address: | | |
| | | | Date | | |
| Bank seal or stamp | | Date: | | | |