

Confidential Statement of Financial Support for forms I-20 and DS-2019



All international applicants for admission to Carroll College requiring an F-1 or J-1 visa must complete this form before a Form I-20 or DS-2019 can be issued. Each section must be completed and signed by the appropriate person. If you have more than one sponsor please provide the requested information for each sponsor. A letter or statement from a bank official may replace the bank verification on this form.

Please attach a photocopy of your passport photo page.

Please return this form with supporting documentation to:

Office of International Admission, Carroll College,
1601 N. Benton Avenue, Helena, MT 59625

Email: intl@carroll.edu

INCOMPLETE FORMS CANNOT BE PROCESSED.

COST FOR TWO SEMESTERS 2024-2025

Tuition.....\$40,132 (\$20,006 per semester)
 Room and Board \$11,548 (\$5,774 per semester)
Double room and full meal plan
 Required Fees.....\$1,352 (\$676 per semester)
Total Direct Costs..... \$53,032 (\$26,516 per semester)

Other Costs (estimated):

Books, Supplies and Personal Expenses \$4,000
Including transportation and required medical insurance

TOTAL TO OBTAIN A FORM I-20/DS-2019 \$57,132

Enrollment Reservation (one-time fee, must be paid before 1 May) .. \$750
Refundable with written notification until April 30 and non-refundable after 1 May for the fall semester and refundable until 15 December for the spring semester. This deposit is credited to your first semester's tuition.

STUDENT'S INFORMATION

Full name as it appears on your passport:

LAST/FAMILY

FIRST

MIDDLE

Postal address in your country of residence outside the U.S.; this address will be used to send your form I-20/DS-2019. Please do not use P.O. Boxes. If this is a business address, please include the name of the business. **Please include the postal code.**

CITY STATE/PROVINCE COUNTRY ZIP/POSTAL CODE (REQUIRED)

Telephone +

E-mail address

Date of birth

MM/DD/YY

City of birth

Country of birth

Country of citizenship

Other citizenship (if any)

STUDENT CERTIFICATION

I certify that the information on this form is true, complete and accurate and that the funds will be provided as specified. I will notify Carroll College of any changes in my financial circumstances. I understand that any misrepresentation may be cause for refusing or revoking admission and/or the cancellation of registration and my SEVIS record.

Signature of student

Date

PARENT CERTIFICATION (For students under 18 years of age)

I do hereby guarantee that the first year of all educational and living expenses will be provided to the above-named student. I understand that the cost may be subject to change by Carroll College.

Signature of parent

Date

Continued on other side of the page.

Confidential Statement of Financial Support continued

Please write \emptyset if there are no funds in that category. Do not leave anything blank. Please total on line F.

STUDENT'S SOURCES OF FINANCIAL SUPPORT

Personal (Student) Funds: Amount of assured support for 2024-2025 \$ (A)

A bank official's signature is required if the student is partially or totally supported by personal savings. You must attach proof of funds in addition to bank official's signature.

Name of bank _____

Address of bank _____

| | | | |
|----------------------------|----------------|---------|-----------------|
| CITY | STATE/PROVINCE | COUNTRY | ZIP/POSTAL CODE |
| Signature of bank official | Title | | Date |

Name of bank official _____

| | | | |
|-------------|-------|--------|--|
| LAST/FAMILY | FIRST | MIDDLE | |
|-------------|-------|--------|--|

Parent's Funds: Amount of assured support for 2024-2025 \$ (B)

You must attach proof of funds. Parent signature is required if using parent's funds.

Parent name _____

Address _____

| | | | |
|---------------------|----------------|---------|-----------------|
| CITY | STATE/PROVINCE | COUNTRY | ZIP/POSTAL CODE |
| Signature of parent | | | Date |

Please describe the source of funds and attach a copy of a bank statement or bank letter. _____

Sponsor Funds: Amount of assured support for 2024-2025 \$ (C)

Money available from sources other than parents. Sponsor signature is required.

| | |
|--------------------|-------------------------|
| Name of sponsor #1 | Relationship to student |
| LAST/FAMILY | FIRST |

Address _____

| | | | |
|-------------------------|----------------|---------|-----------------|
| CITY | STATE/PROVINCE | COUNTRY | ZIP/POSTAL CODE |
| Signature of sponsor #1 | | | Date |

Please describe the source of funds and attach a copy of a bank statement or bank letter. _____

| | |
|--------------------|-------------------------|
| Name of sponsor #2 | Relationship to student |
| LAST/FAMILY | FIRST |

Address _____

| | | | |
|-------------------------|----------------|---------|-----------------|
| CITY | STATE/PROVINCE | COUNTRY | ZIP/POSTAL CODE |
| Signature of sponsor #2 | | | Date |

Please describe the source of funds and attach a copy of a bank statement or bank letter. _____

Government Funds: Amount of assured support for 2024-2025 \$ (D)

Enclose official copies of your government funding.

Name of source _____

Scholarship, Grant, or Other Sources: Amount of assured support for 2024-2025 \$ (E)

Please describe the source and enclose official copies of proof of funds. _____

PLEASE LIST YOUR TOTAL FUNDS AVAILABLE (A+B+C+D+E): (F)

DO NOT LEAVE BLANK.