

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 2025-2026

Tuition\$22,944
Room and Board\$12,060
Double room and full meal plan
Required Fees\$1,400
Total Direct Costs\$36,404

Other Costs (estimated):

Books, Supplies and Personal Expenses\$4,100
Including transportation and required medical insurance

TOTAL TO OBTAIN A FORM I-20/DS-2019\$40,504

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

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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 2025-2025 \$ (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 2025-2026 \$ (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 2025-2026 \$ (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 2025-2026 \$ (D)

Enclose official copies of your government funding.

Name of source

Scholarship, Grant, or Other Sources: Amount of assured support for 2025-2026 \$ (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.