

# 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 2021-2022

Tuition.....\$36,906 (\$18,453 per semester)  
 Room and Board ..... \$10,416 (\$5,208 per semester)  
*Double room and full meal plan*  
 Required Fees.....\$1,200 (\$600 per semester)  
**Total Direct Costs..... \$48,522 (\$24,261 per semester)**

### Other Costs (estimated):

Books, Supplies and Personal Expenses ..... \$3,900  
*Including transportation and required medical insurance*

**TOTAL TO OBTAIN A FORM I-20/DS-2019 ..... \$52,422**

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 2021-2022 \$ (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
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**Parent's Funds:** Amount of assured support for 2021-2022 \$ (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 2021-2022 \$ (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 2021-2022 \$ (D)

*Enclose official copies of your government funding.*

Name of source \_\_\_\_\_

**Scholarship, Grant, or Other Sources:** Amount of assured support for 2021-2022 \$ (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.**