

## Family or Sponsor's Statement of Financial Support

Please use a separate statement for each sponsor/family member  
Approved July 2016

Student Name: _____
Date of birth (month/day/year): _____ Student ID # _____ (800xxxxxx)

### Statement of Financial Support

I, \_\_\_\_\_ (print name of sponsor or family member),  
guarantee that the sum amount of \$ \_\_\_\_\_ USD will be available to the above  
named student for the first academic year at Southern Illinois University Edwardsville. A comparable  
amount of money will be available for the duration of the student's educational program. I  
understand that this statement is being used for the purpose of issuing a U.S. government document.

**Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Relationship of Sponsor to Applicant: \_\_\_\_\_

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### Student Certification

I certify that the information provided on this form is correct and complete. If any of the information  
changes prior to my enrollment at the University, I will immediately notify the International Student  
Services office. I understand that making false statements within this Certification of Financial  
Responsibility may result in disciplinary action.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

After completing as pdf, print and upload with bank stamp and original signature (use blue or black  
ink pen). This original document is REQUIRED when you arrive at SIUE to start your course work.