


CONFIDENTIAL CERTIFICATION OF FINANCIAL SUPPORT (April 2022- March 2023)

*Estimated Expenses (Calendar Year)		US Immigration Law requires you to certify that you have sufficient funds available for your academic and living expense for the first year. Additionally, you must show projected financial support for the remaining years.				
Tuition & Fees	\$36,536					
Estimated Living Expenses	\$33,232					
Total	\$69,768					
Add \$5000 for each dependent (spouse, child)		Last (Family) Name _____ First (Given) Name _____ Date of Birth (mm/dd/year) _____ Country of Birth _____ Country of Citizenship _____ Enter the expected amount of annual support from the sources listed below. Enter amounts in US dollars. Please print all entries. Use additional sheets of paper if necessary.				
Student's Sources of Funds	Assured Support	Projected Support			A Form I-20 will not be authorized until this form is completed and returned to the institution. I certify that the information on this form is true, correct and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.	
	First Year	Second Year	Third Year	Fourth Year		
Personal and/or family savings _____ Name of Bank	\$	\$	\$	\$		_____ Signature of Student _____ Date
Parents and/or sponsors _____ Mother and/or Father's Name _____ Sponsor's Name	\$	\$	\$	\$		
Your Government _____ Name of Agency	\$	\$	\$	\$		FOR OFFICE USE ONLY This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a _____ Signature of College Official _____ Title _____ Date
Academic Scholarship _____ Organization Awarding Scholarship	\$	\$	\$	\$		
TOTALS	\$	\$	\$	\$		

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

I certify that I have read the information given by the applicant on this form and certify that it is true and accurate, and the funds are available. Banks Official's Name(Printed) _____ Banks Official's Signature _____ Name of Bank _____ Address of Bank _____ Date _____	Bank Seal Here
I certify that I have read this information furnished by the applicant on this form, and verify that it is true and accurate, and that funds are available and will be provided as specified. Parent or Sponsor's Name (Printed) _____ Parent or Sponsor's Signature _____ Relationship of Sponsor to Applicant _____ Address of Sponsor _____ Date _____	

Please return form to:
 Sherman College of Chiropractic
 Attention: Office of Admissions
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 Fax: 864-599-4859
 Email: kstrange@sherman.edu