


**CONFIDENTIAL CERTIFICATION OF FINANCIAL SUPPORT (April 2025 - March 2026)**

<b>*Estimated Expenses (Calendar Year)</b>		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.				
<b>Tuition and Fees</b>	\$40,700					
<b>Room, Board, Living Expenses</b>	\$39,620					
<b>Total</b>	\$80,320					
<b>Add \$5000 for each dependent (spouse, child)</b>						
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. The columns under projected support are estimates of how you expect to pay and DO NOT have to be certified or verified. 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	\$ _____	\$ _____	\$ _____	\$ _____		
Parents and/or sponsors _____ Mother's and/or Father's Name _____ Sponsor's Name	\$ _____	\$ _____	\$ _____	\$ _____		
Your Government _____ Name of Agency	\$ _____	\$ _____	\$ _____	\$ _____		
Academic Scholarship _____ Organization Awarding Scholarship	\$ _____	\$ _____	\$ _____	\$ _____	<b>FOR OFFICE USE ONLY</b>  This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Form I-20. _____ Signature of College Official  _____ Title  _____ Date	
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____		

**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.  Bank 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's or Sponsor's Name (Printed) _____ Parent's or Sponsor's Signature _____ Relationship of Sponsor to Applicant _____ Address of Sponsor _____ Date _____	Please return form to: Sherman College of Chiropractic Attention: Office of Financial Aid PO Box 1452 Spartanburg, SC 29304 Fax: 864-599-4859 Email: <a href="mailto:croberson@sherman.edu">croberson@sherman.edu</a>