

# Statement of Financial Responsibility

OFFICE OF ADMISSIONS  
5000 DEER PARK DRIVE SE, SALEM, OREGON 97317-9392  
503.375.7005 | 503.585.4316 fax | admissions@corban.edu

Corban requires all international students to provide certification of adequate financial support. An Immigration and Naturalization Services I-20 will not be released until you have been accepted for admission, paid the \$1,000 deposit and have submitted this completed form. The \$1,000 deposit is due by May 1 for fall semester and December 1 for spring semester. After the deposit deadlines pass, only a \$700 refund is available if you do not enroll at Corban.

Tuition, fees, residence hall, and meal costs can be found in Corban's current catalog (which can be accessed online at [www.corban.edu/academics/catalog](http://www.corban.edu/academics/catalog)) or by contacting the Admissions Office. Additional expenses include books, transportation, health insurance, and personal expenses.

*Important: Give all monetary figures in U.S. dollars. All documents should be officially translated into English, if necessary.*

Applicant's full name \_\_\_\_\_

How will you pay for your transportation to and from Salem, OR? \_\_\_\_\_

Give the amount of money you will have available for use each year in the U.S. \$ \_\_\_\_\_

Mark the specific sources of funds you will rely on to study at Corban:

Personal or family savings

Name of bank \_\_\_\_\_

Amount on deposit \$ \_\_\_\_\_

*Enclose a certified copy of your/your family's bank statement(s).*

Person(s) from whom you will receive funds

Sponsor/guarantor name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to student \_\_\_\_\_

Amount of financial support for first year at Corban \$ \_\_\_\_\_

Amount of financial support projected for continued education at Corban \$ \_\_\_\_\_

*Enclose a certified copy of sponsor's bank statement(s)*

I (we) certify that I (we) have read the information furnished on this form, and that it is true and accurate, and that the funds are available as stated and will be provided as indicated.

\_\_\_\_\_  
Sponsor/Guarantor Signature

\_\_\_\_\_  
Date

Person(s) from whom you will receive funds

Sponsor/guarantor name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to student \_\_\_\_\_

Amount of financial support for first year at Corban \$ \_\_\_\_\_

Amount of financial support projected for continued education at Corban \$ \_\_\_\_\_  
*Enclose a certified copy of sponsor's bank statement(s)*

I (we) certify that I (we) have read the information furnished on this form, and that it is true and accurate, and that the funds are available as stated and will be provided as indicated.

\_\_\_\_\_  
Sponsor/Guarantor Signature Date

Other (give details and provide appropriate documentation) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are persons who will be dependent on you for financial support while you are attending Corban, give their names, ages, relationship to you, and your plans for their financial support while you are in the U.S.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the statements on this form are accurate and complete.

\_\_\_\_\_  
Signature of Applicant Date

**Mail this completed form directly to:  
Office of Admissions, Corban University  
5000 Deer Park Drive SE, Salem, OR 97317-9392  
Of fax both sides to: 503-585-4316**