



STATEMENT OF FINANCIAL RESPONSIBILITY

INTERNATIONAL STUDENT

Office of Admissions, Corban University
phone 1-503-375-7005 | fax 1-503-585-4316
email admissions@corban.edu | website undergrad.corban.edu

Corban requires all international students to provide certification of adequate financial support for their education at Corban. An Immigration and Naturalization Services I-20 will not be released until you have been accepted for admission, paid the the \$2,000 deposit, and submitted this form.

Estimated Costs for 2018 - 2019

Tuition & Fees	\$33,040
Room & Board	\$10,228
Books & Living Expenses	\$2,750
Health Insurance (mandatory, cost may vary)	\$3,000
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Total Estimated Cost	\$49,018

**Note: This cost does not take into consideration any scholarships or grants for which you may be eligible.*

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

First name Middle name Last/Family name

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

Amount of money you have available for use each year in the U.S. \$ _____

At least six weeks before your arrival at Corban, will you have funds available to cover 50% or more of your tuition, room, board and fees for your entire first year at Corban? Yes No

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

Personal or family savings (enclose certified copy of family's bank statement(s))

Name of bank Amount on deposit

Person(s) from whom you will receive funds

Sponsor/guarantor first name Last name Relationship to student

Address City State Country

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

Amount of financial support projected for continued education at Corban \$ _____
(Enclose certified copy of family's bank statement(s))

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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 first name

Last name

Relationship to student

Address

City

State

Country

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

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

(Enclose certified copy of family'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, and that I have the financial support needed to cover the cost of my Corban education.

Signature of applicant

Date