Experience Outstanding
LINCOLN
COLLEGE

# International Student Financial Sponsor Form

## Student's Information

_____
Last Name First Name Middle Initial

_____ _____
Entry Term Date of Birth

## Sponsor Information

_____
Last Name First Name Middle Initial

_____
Former Name(s)

_____
Relationship to Student

_____
Amount sponsor will provide

**By signing this form, I confirm the following:**
I hereby declare that I take financial responsibility for the student listed above for the durations of his or her studies at Lincoln College. I understand that the student must show evidence of funding for one academic year to receive a visa certificate (I-20) and that the estimated amount for tuition, room and board changes annually. I will provide a bank statement or letter from my banking institution, issued within 12 months of the start of the student's first term of study, which proves I can provide some of or the entire amount indicated. I also understand that I am responsible for paying the student's tuition and fee balance by August 1 for the fall semester and November 1 for the spring semester. I certify that the information I have provided is true and correct.

Sponsor Signature: _____ Date: _____

It is the policy of Lincoln College not to discriminate on the basis of age, handicap, color, creed, national origin, religion, race, or sex, with regard to student admissions and recruitment, student programs, or employment of personnel. It is the College's intent to comply with all equal opportunity regulations including, but not limited to, Title IX of the 1972 Education Amendments of Section 504 and the Rehabilitation Act of 1973.