



International Financial Guarantee Form

To issue your I-20, the U.S. government requires we verify you have sufficient funds to pay for all expenses while studying in the U.S. Each section must be completed and signed by the appropriate person. If you have more than one sponsor, please provide the requested information for each sponsor. Incomplete forms cannot be processed and may delay a review of the applicant's file for admission.

Please return this form with supporting documentation to:

Office of Admission, Linfield University, 900 SE Baker Street, McMinnville, OR USA 97128-6894

Student Name (as it appears on their passport):

Family Name: _____ First (Given): _____

Mailing Address for Immigration Document (please complete as it should appear on the mailing label):

In the space provided below, please state the source of support (one or more as appropriate). Fill in the amount guaranteed, and attach the required documents to this form. The amount must equal the costs not covered by Linfield scholarship. Contact the Office of Admission for details.

Source	Required Documents	Amount Guaranteed
<input type="checkbox"/> Personal Funds	Certified or notarized bank statement, signed by an official of your bank, indicating amount of funds available for your proposed period of study.	\$_____ each year for _____ years
<input type="checkbox"/> Parent/Sponsor	Certified or notarized bank statement, signed by an official of your bank, indicating amount of funds available for your proposed period of study.	\$_____ each year for _____ years
<input type="checkbox"/> Scholarship/Grant	Copy of your scholarship award letter signed by your sponsoring organization or government official.	\$_____ each year for _____ years

Primary parent or sponsor (First/Given, Middle, Family): _____

Relationship to student: _____

Mailing Address: _____

Email: _____ Telephone number (+ Country Code): _____

Additional parent or sponsor (First/Given, Middle, Family): _____

Relationship to student: _____

Mailing Address: _____

Email: _____ Telephone number (+ Country Code): _____

This is to certify that I will be responsible for all expenses of the above student for the duration of enrollment at Linfield University.

Signature of parent or sponsor: _____ Date: _____

I certify that all the statements on this form are true and accurate and that funds will be provided as specified above.

Signature of student: _____ Date: _____