



GUARANTEE OF FINANCIAL SUPPORT (PRIVATE SPONSORS)

The purpose of this form is to facilitate the process of documenting financial support for an international student requesting the Certificate of Eligibility Form I-20 (F-1). Meharry Medical College is required by law to verify that sufficient funding is available for the intended program.

Attached required photocopies of documents demonstrating that the sponsor has sufficient financial means to provide support in the amount indicated here. Original financial documents should be kept for future reference and/or to apply for a visa.

Applicant's Information (Student)

Name	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between;"> Family Name/Surname First Name Middle Name </div>
Birth Date (mm/dd/yy)	<div style="border-bottom: 1px solid black; height: 20px;"></div>
Phone Number	<div style="border-bottom: 1px solid black; height: 20px;"></div>
E-mail Address	<div style="border-bottom: 1px solid black; height: 20px;"></div>

Sponsor's Information

Name:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between;"> Family Name/Surname First Name Middle Name </div>
Address:	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between;"> City Providence/Territory Postal Code </div> <div style="border-bottom: 1px solid black; margin-top: 5px; height: 20px;"></div> <div style="margin-top: 5px;">Country</div>

Relationship to Applicant:	
Phone Number:	
E-mail Address:	

Financial Support Information

Indicate here how much and the how long funds will be provided to support the program of the applicant named above. Attach evidence of this support such as a bank statement or letter from the bank. Please note the following:

- 1) All financial documents must be in English or translated into English with originals attached.
- 2) Funding amounts must be listed in U.S. dollars.
- 3) Financial documents must be dated within the past three (3) months.
- 4) The sponsor's name must appear on the financial documents (and must match the name on this form).

If funds for tuition have already been paid by said sponsor prior to completion of this form, please attach a receipt(s).

\$ Amount	X	Length of Support	=	\$ Total Amount
\$ _____	X	_____	=	\$ _____

Sponsor's Statement of Guaranteed Funding:

"I certify that funding in the amount(s) indicated here will be available to support the applicant named above during his/her program at Meharry Medical College."

Printed Name of Sponsor

 _____
Signature of Sponsor

Date (mm/dd/yy)