



# HIGH POINT UNIVERSITY

The Premier Life Skills University®

## Certificate of Financial Support

(For non-U.S. Citizens only)

**If you are requesting a Form I-20, please read the following instructions and complete this form.** All international applicants must provide proof of sufficient resources to cover educational and living expenses during the pursuit of their degree. This Certificate of Financial Support, outlining financial support available and verification of the support, must accompany the application for admission. **The Form I-20 will not be authorized until this form is completed and returned to High Point University.**

**Admission Term:** Year: \_\_\_\_\_  Fall  Spring  Summer

**Desired Program:** \_\_\_\_\_

**Student's Full Name:** (please print name as it appears on passport)

\_\_\_\_\_  
Family/Surname                      First/Given                      Middle

**Date of Birth:** (MM/DD/YYYY) \_\_\_\_\_

**Place of Birth:** (city) \_\_\_\_\_ (country) \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_

**Student's Current Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**If planning on bringing dependents, please provide their full names, dates of birth, places of birth, and their relationship to you.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return all documents to Ms. Sami Smith at [ssmith18@highpoint.edu](mailto:ssmith18@highpoint.edu).

## Anticipated Costs Breakdown for Undergraduate Students

### Estimated Expenses for 2022-2023:

<b>Tuition and Fees</b>	\$41,916
<b>Living Expenses</b> (room and board)	\$17,080
<b>Other Costs</b> (Health Insurance, International Student Fee, Books, Local Transportation, etc.)	\$3,800
<hr/>	
<b>Total funding must meet or exceed:</b>	<b>\$62,796</b>

**Dependents:** Student must show an additional USD \$15,000 in funding per dependent.

I will be providing evidence of at least one of the following financial sources to support the above estimated expenses: (select all that apply)

**PERSONAL SAVINGS**

If you are supported by your own funds, provide PDF copy of recently dated BANK STATEMENT from your bank verifying the amount available to you. The bank statement must clearly include the account holder's name, and total account balance, but the account number can be crossed out/redacted. These must be "liquid assets" i.e., not stock market investments.

**PARENTS OR OTHER PERSONAL SPONSOR**

If you are supported by someone else's funds, the sponsor must provide PDF copy of recently dated BANK STATEMENT from their bank verifying the amount available to you. The bank statement must clearly include the account holder's name, and total account balance, but the account number can be crossed out/redacted. These must be "liquid assets" i.e., not stock market investments.

Additionally, the sponsor must complete the attached Affidavit of Financial Support.

**YOUR GOVERNMENT**

Attach original, official documentation in English of your award.

Unless explicitly stated in your award letter, the *Other Costs* line-item amount must instead be covered through personal savings or a personal sponsor.

**HIGH POINT UNIVERSITY AWARDS – INCLUDING ATHLETIC/MERIT-BASED SCHOLARSHIPS**

Attach a copy of your award letter detailing the amounts awarded.

Unless explicitly stated in your award letter, the *Other Costs* line-item amount must instead be covered through personal savings or a personal sponsor.

**I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Please return all documents to Ms. Sami Smith at [ssmith18@highpoint.edu](mailto:ssmith18@highpoint.edu).



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## Affidavit of Financial Support

To accompany Financial Support Document (Copy of Bank Account Statement)

**If the bank statement provided is NOT in the student's name, this document must be completed by the account holder.**

I, the undersigned, \_\_\_\_\_  
*(First and Last Name of Account Holder)*

born in \_\_\_\_\_ on \_\_\_\_\_  
*(Place) (Date)*

residing at \_\_\_\_\_  
*(Street Address, City, State, and Country)*

\_\_\_\_\_

agree to take financial responsibility for my son / daughter / wife / husband / other:

\_\_\_\_\_  
*(Full Name of the Applicant to High Point University)*

regarding all the expenses which he/she may incur during his/her stay in the United States of America.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return all documents to Ms. Sami Smith at [ssmith18@highpoint.edu](mailto:ssmith18@highpoint.edu).