

## **Guarantee of Financial Support**

Students who plan to support their academic program with a bank account or financial document that is not in their name must use this form to confirm the source of their funding. This form must be submitted with a qualifying bank statement from the sponsor that meets or exceeds the pledged amount. All financial documents must show liquid assets that can be readily accessed, show the date of issuance, currency of funds, and be less than 6 months old at the time the I-20 or DS-2019 is issued. The document should be in English or accompanied by an official translation. If you will receive support from multiple individuals, each individual supporter must complete and sign this form.

| Student Information   |                   |                       |          |                    |              |                           |      |
|---|-------------------|-----------------------|----------|--------------------|--------------|---------------------------|------|
| Surname (Last):   |                   |                       |          |                    |              |                           |      |
| Given Name (First):   |                   |                       |          |                    |              |                           |      |
| Showing support for: Ir   | nitial I-20 (F-1) | Initial DS-2019 (J-1) |          | Adding a dependent |              | Extension of I-20/DS-2019 |      |
| Current/Prospective Degree L  | .evel: Bach       | elor's                | Master's | Doctorate          | Professional | Non-degree                | CESL |
| Field of Study:   |                   |                       |          |                    |              |                           |      |
| Sponsor Information   |                   |                       |          |                    |              |                           |      |
| Name of Individual providing financial support (must match name on bank statement): |                   |                       |          |                    |              |                           |      |
| Surname (Last):   |                   |                       |          |                    |              |                           |      |
| Given Name (First):   |                   |                       |          |                    |              |                           |      |
| Relationship to student:  |                   |                       |          |                    |              |                           |      |
| Amount of guaranteed suppo  | rt: \$            |                       | USD      |                    |              |                           |      |
| Certification of Support  |                   |                       |          |                    |              |                           |      |

By signing this form, I confirm the following:

- I ensure the amount indicated above will be made available to the above-named student for the purpose of funding the student's first academic year at the University of Kentucky.
- I understand the support amount is for one year of expenses, and a comparable amount will be needed each year for the duration of the student's academic program.
- I understand this funding is being used for the purpose of issuing an immigration document.