

## STATEMENT OF FINANCIAL SUPPORT

This is to certify that I (name of sponsor/guarantor), \_\_\_\_\_\_,

will financially support (name of student)

in the relationship of \_\_\_\_\_\_ (example: mother, father, sister/brother, other

relative, friend, etc), while the student is enrolled at Lehigh University.

Mark the following to acknowledge your verification:

□ I verify the amount of \$\_\_\_\_\_ (U.S. Dollars) will be available <u>each year</u> to the

student listed above during studies at Lehigh University until the date selected below:

Choose one:

- □ Until the end of the student's program of study <u>or</u>
- Until (month/year) \_\_\_\_\_
- □ I understand these expenses may include the following as posted on the OISS website:

https://global.lehigh.edu/oiss/getting-started/admitted-students/I-20-DS-2019-process/estimate-expenses

- Tuition & fees: Paid to the Bursar each semester: <u>https://financeadmin.lehigh.edu/bursar</u>
- Living Expenses: can include any of the following: housing, food, utilities, cell phone, transportation and incidentals
- Required health insurance premiums: <a href="https://www.universityhealthplans.com/lehigh">https://www.universityhealthplans.com/lehigh</a>
- Dependent (F-2 or J-2) costs if applicable
- Books and supplies
- I understand these expenses may increase each year during the student's program of study.

Signature:	 	 	
Printed name:			
Date:			

\*\*This form should be submitted by the student along with documentation to verify availability of funds listed above. All documentation must include the sponsor's full name (given and surnames). If original documentation is not in English, a translation should be provided.