
FINANCIAL GUARANTEE STATEMENT 2024-2025

John Carroll University Exchange Student Admission

(To be completed by U.S. non-immigrants. This guarantee will be considered valid for one year from date of completion. Proof of stocks or securities holdings, insurance, property or employment income is not acceptable financial support. Certified true photocopied and faxed documents are acceptable).

Name of applicant as on passport: _____

Last (Family Name)

First

Middle

Gender:

Male

Female

Financial guarantee: A minimum of \$13,510.00 per academic semester must be guaranteed. Provide bank certification as indicated. Notary public seals are not acceptable. Separate bank statements must be original and indicate the current U.S. dollar exchange rate.

Check financial option you plan to use (one of three sections below)

PERSONAL SAVINGS OF APPLICANT'S FAMILY

I certify that through my account with the institution listed below, I have available a minimum of \$13,510.00 per academic semester of university attendance.

Signature of Applicant: _____

Date: _____

Bank certification: The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

Signature of bank officer and bank seal or original address stamp: _____

Date: _____

Bank Name and Address: _____

PRIVATE SPONSOR: (Scholarship, government, etc.)

I am willing and able to guarantee the financial support of the applicant in the minimum amount of \$13,510.00 per academic semester for

Signature of bank officer and bank seal or original address stamp: _____ Date: _____

Bank Name and Address: _____
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Funding Source two: _____

I certify that through my account with the institution listed below, I have \$ _____ (US Dollars) available per calendar year of university attendance.

Signature: _____ Date: _____

Bank certification: The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

Signature of bank officer and bank seal or original address stamp: _____ Date: _____

Bank Name and Address: _____
.....

Funding Source three: _____

I certify that through my account with the institution listed below, I have \$ _____ (US Dollars) available per calendar year of university attendance.

Signature: _____ Date: _____

Bank certification: The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

Signature of bank officer and bank seal or original address stamp: _____ Date: _____

Bank Name and Address: _____

The information contained in this document is true and accurate to the best of my knowledge. I also understand that any falsification or omissions to this document will disqualify me from further consideration and/ or prompt withdrawal of any offer of admission and possible scholarship funds. I understand that if my educational expenses (tuition) are not paid before the semester begins, John Carroll University may cancel my registration which will result in my F or J visa to be out of status.

Signature of Applicant: _____ Date: _____

Please staple bank statements and supporting documents to this form. Can be

Return Form to: John Carroll University