

**COLLEGE OF CENTRAL FLORIDA
FINANCIAL SUPPORT INFORMATION**

Please indicate the source and amount of funds available for your first academic year (minimum of \$17,395).

\$ _____ PERSONAL FUNDS – You will need to submit an original of your bank statement or similar document.

\$ _____ SCHOLARSHIP – If you have a scholarship or financial support from an organization, send a “Letter of Financial Guarantee” addressed to Central Florida Community College. The letter must state the period of time of coverage.

\$ _____ FAMILY OR OTHER SUPPORT – You must provide the following statement signed by the person who will be responsible for your expenses while you are at Central Florida Community College.

Please complete the following: (Print) **PLEASE ANSWER ALL QUESTIONS!**

Student’s name _____

Country of birth: _____ Country of Citizenship: _____

Email address: _____ Do you have any dependents? _____

If so, please provide name, age, and date of birth. _____

Are you bringing him/her/them with you? _____

Parent’s or Sponsor’s name _____

Relationship to student _____

Address _____

I hereby certify that I will be financially responsible for the expenses of the above referenced student during his/her stay at Central Florida Community College. I am able to provide the amount indicated above for one academic year.

Parent’s, Student’s or Sponsor’s signature Date

Please be sure to attach bank statements, letter from bank official, letter from employer or other documents verifying your ability to cover the student’s expenses as well as the Confidential Financial Statement with the signature of a bank officer.