



## 2025-2026



## 2025-2026

<b>SOURCES OF SUPPORT:</b> Enter the amount and source of the funds you expect to have for your first year. The required financial support documents for each type/source of funding are listed below; be sure to upload all required documents corresponding to the funding sources you indicate on this form. You may enter any combination of the below sources to cover the cost of your program. ALL DOCUMENTATION MUST BE DATED WITHIN THE LAST 6 MONTHS AND MUST BE IN ENGLISH.	Enter the appropriate amount in U.S. Dollars
<b>Personal Funds</b> 1. Copy of an official bank certification with student's name listed as the account holder with funds immediately available. The bank certification or letter should be signed or stamped by a bank official.	\$
<b>Parents or Other Personal Sponsors</b> 1. Copy of an original bank certification in the sponsor's name which demonstrates funds are immediately available on deposit for the amount pledged. The bank certification or letter should be signed or stamped by a bank official.	\$
<b>University Funding</b> 1. Enter the amount of Neumann Scholarships.	\$
<b>Other (government, employer, home university, private scholarships, loans, etc.)</b> 1. Copy of award letter, scholarship letter or other certification of sponsorship with English translation (if applicable) from authorized person to certify accuracy.	\$
<b>TOTAL ALL SOURCES OF SUPPORT FOR THE FIRST YEAR OF YOUR PROGRAM.</b> The total for the year should be equal to or greater than the cost estimate of <b>\$63,528</b> . All sources of support should guarantee support for the student's entire program.	\$

**Parent/Sponsor:** I certify that the information provided here is correct and complete. I will be responsible for adhering to all university tuition, fees, room and board, and health insurance payment schedules.

Last (family) name, First name

Signature of Sponsor

Date \_\_\_\_\_

Relationship to applicant

## Address

**Applicant:** I certify that the information provided here is correct and complete. I will be responsible for adhering to all university tuition, fees, room and board, and health insurance payment schedules.

Signature of Applicant

Date and Place Signed

Print Name:

Last (family) name, First name