



If the applicant's funding is coming from someone other than his/her own personal funds, the financial sponsor(s) must complete this form.

My name is:	. I am serving as the financial sponsor for
	I am serving as the financial sponsor for
	, who is my
Applicant name	Relationship to applicant
I hereby guarantee to maintain support to	or this student's educational costs and living expenses while this student
is enrolled at Madison Area Technical C	college. I have provided a current account statement from my bank
attesting my ability to support this studen	t.
I hereby declare my plan to provide	annually for this student's educational and living
expenses until Provide specific date or write "pro-	ogram completion"
FINANCIAL SPONSOR CONTACT INF	ORMATION
Street Address:	Apartment Number:
City:	State/Province/Territory:
Country:	Postal Code:
P.O. Box (optional):	
Email:	Telephone:

I certify that the above information is accurate and complete. I understand that any information withheld or given falsely will impact the ability of this student to maintain visa support from Madison Area Technical College.

Signature of Sponsor: _____

Date: _____

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