

Source of Funds**Annual Yearly Amount Provided****Individual sponsor** (attach sponsor sheet, required proof)**1st Year****2nd Year****3rd Year**

From sponsor (name)

From sponsor (name)

From sponsor (name)

From sponsor (name)

Scholarship (attach scholarship award letters)

Name of organization

Name of organization

Name of organization

Name of organization

(Email and attach a separate sheet, if needed to show additional sources of funds.)

TOTAL from all sources**TOTAL REQUIRED BY DALLAS INT'L**

(must verify at least this amount)

I, _____, certify that the funds designated are, in fact, available to me, and the information provided is complete and true. I will abide by all U.S.-mandated international student visa regulations.

Student's signature:

Date (Month/Day/Year):

A typed signature is acceptable if sent from your personal email.