



## Sponsorship Application Financial Assessment

Please complete all answers in U.S. Dollars

Name (from your passport) \_\_\_\_\_  
First Middle Family

### Family Information

Check all that apply:

- Parents separated or divorced     Father disabled     Father deceased     Married  
 Single parent     Mother disabled     Mother deceased

Check for all persons whose financial data are entered on this form:

- Father     Stepfather     Male guardian  
 Mother     Stepmother     Female guardian

How many children, including the student applicant, are receiving financial support from you this year? \_\_\_\_\_

What currency do you use? \_\_\_\_\_ What conversion rate are you using? \_\_\_\_\_

Current Year

### Parents' Annual Income and Expenses (for the current full year) \_\_\_\_\_ Please use US Dollars

Gross salaries and wages – father, stepfather, male guardian \$ \_\_\_\_\_

Gross salaries and wages – mother, stepmother, female guardian \$ \_\_\_\_\_

Dividend and/or interest income \$ \_\_\_\_\_

Non-taxable income (child support, government support, etc.) \$ \_\_\_\_\_

Total income taxes paid (if applicable) \$ \_\_\_\_\_

Total dental and medical expenses (not covered by insurance or government programs) \$ \_\_\_\_\_

Unusual family or household expenses (explain on the back of this sheet) \$ \_\_\_\_\_

### Parents' Assets and Liabilities

Bank accounts \$ \_\_\_\_\_

Other investments \$ \_\_\_\_\_

Debts (do not include mortgages, business, car or consumer debt) \$ \_\_\_\_\_

Consumer debts (VISA, Mastercard, other credit cards) \$ \_\_\_\_\_

Amount of debt to be paid in current year \$ \_\_\_\_\_

	Purchase Price	Total Fire Insurance	Present Market Value	Unpaid Mortgage	Total Annual Payments
Home (if owned):					
Year purchased _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other real estate:					
Year purchased _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Parents'/Guardians' Certification and Authorization:** We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct and complete. ASSIST has our permission to verify the information reported. ASSIST reserves the right to rescind any financial aid award where appropriate.

\_\_\_\_\_  
Signature of Male Parent or Guardian

\_\_\_\_\_  
Signature of Female Parent or Guardian

\_\_\_\_\_  
Date