

Student's Name: \_\_\_\_\_  
Last (Family) First

**Please Note:** Without signatures from you and your sponsors, your application will not be processed. Please read carefully, sign and date this document. An official letter from your bank or other financial agency must also be submitted in addition to this form.

Approximate costs for one year: Please refer to the ESTIMATED BUDGET SHEET for the approximate amount of money needed for one academic year at Santa Barbara City College.

Report funds in U.S. currency.

Mail To:

International Student Support Program  
Santa Barbara City College  
721 Cliff Drive  
Santa Barbara, CA 93109, USA

SOURCE	FIRST-YEAR FUNDING
a. From family/sponsor	\$ _____
b. From student	\$ _____
c. From government	\$ _____
d. From scholarships or other sources	\$ _____
TOTAL*	\$ _____

(\*Cannot be less than Estimated Budget Sheet total)

Sponsor's Name in Full (Please Print):

Sponsor's Address:

\_\_\_\_\_  
Mr./Ms./Mrs. First Name Last Name

**Signature of Financial Sponsor**

Relationship to Student: \_\_\_\_\_

Sponsor's Email: \_\_\_\_\_

Sponsor's Phone Number: \_\_\_\_\_

I understand that financing my education is ultimately my responsibility, and I will be prepared to pay any additional expenses that may be required. I DECLARE, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS SUBMITTED BY ME ARE TRUE AND CORRECT. All materials submitted by me for the purpose of admission become the property of Santa Barbara City College. I understand that falsification, withholding pertinent data, or failure to report changes in residence may result in my dismissal.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_