CERTIFICATION OF FINANCIAL SUPPORT

This is to certify that I (name of guarantor), ,

will financially support (name of student)

in the relationship of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mother, father, sister, brother, other relative, friend, etc.), while the student is enrolled at The Pennsylvania State University (Penn State).

*Mark the following to acknowledge your verification:*

❑ I verify the amount of $ (U.S. Dollars) will be available **each year** to the student listed above during studies at Penn State until the date selected below.

Choose one:

❑ Until the end of the student’s program of study ***or***

❑ Until (month/year)

❑ I understand these expenses may include the following as posted on the website:

https://global.psu.edu/article/financial-guarantee-requirements

* Tuition & fees: Paid to the Bursar each semester www.bursar.psu.edu
* Living expenses: Can include any of the following: housing, food, utilities, personal care items, mobile telephone, transportation, etc. for the academic year.
* Mandatory health insurance premiums: Due each semester or annually

https://studentaffairs.psu.edu/health-wellness/health-insurance

* Dependent (F-2 or J-2) costs if applicable
* Books/supplies

❑ I understand these expenses may increase each year of the student’s program of study.

❑ I understand these estimates are for each academic year and do not include living expenses for summer.

Signature:

 *(Signature of guarantor, not student. Typed or digital signatures not accepted.)*

Printed Name:

Date: