

FINANCIAL GUARANTEE STATEMENT 2024-2025

John Carroll University Graduate Admission

(To be completed by U.S. non-immigrants. This guarantee will be considered valid for one year from date of completion. Proof of stocks or securities holdings, insurance, property or employment income is not acceptable financial support. Certified true photocopied and faxed documents are acceptable). Statements must be within 90 days of submission.

Name of applicant as on passport: _____

Last (Family Name)

First

Middle

Gender:

Male ☐

Female ☐

I'm applying to: Select one program, then use that U.S. dollar figure to complete this form	College of Arts & Science - Biology <input type="checkbox"/> Annual Cost = \$35,725	College of Arts & Science - Counseling <input type="checkbox"/> Annual Cost = \$40,100	College of Arts & Science - Education <input type="checkbox"/> Annual Cost = \$36,800
	Boler College of Business MBA <input type="checkbox"/> Annual Cost = \$55,600	Theology & Religious Studies <input type="checkbox"/> Annual Cost = \$31,975	Non-Profit Administration <input type="checkbox"/> Annual Cost = \$34,840
	Annual cost is based on program completion over two years (one year for MBA and three years for Counseling) If you are completing your program faster, please multiply the figure by two (three for Counseling) and subtract \$22,600 (\$33,900 for Counseling)		
	You can subtract scholarships and grants from the total amount, but must show proof of at least \$5,000 USD. If you are bringing any dependents (spouse or children), please add \$8,000 per dependent.		

Financial guarantee: A minimum guarantee of the annual cost listed above must be provided. Provide bank certification as indicated. Notary public seals are not acceptable. Separate bank statements must be original and indicate the current U.S. dollar exchange rate.

Check financial option you plan to use (one of three sections below)

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PERSONAL SAVINGS OF APPLICANT'S FAMILY

I certify that through my account with the institution listed below, I have available funds to cover the annual cost for my program listed above:

Signature of Applicant: _____

Date: _____

Bank certification: The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

Signature of bank officer and bank seal or original address stamp: _____

Date: _____

Bank Name and Address: _____

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PRIVATE SPONSOR: (Scholarship, government, etc.)

I am NOT a non-immigrant student and I do not hold any other temporary visa status in the United States. I am willing and able to guarantee the financial support of the applicant for the duration of his/her university studies. I certify that through my account with the institution listed below, I have available funds to cover the annual cost for my program listed above:

My Relationship to the applicant is: _____

Printed Name: _____ Signature: _____

Address: _____ Date: _____

Bank certification: The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

Signature of bank officer and bank seal or original address stamp: _____

Date: _____

Bank Name and Address: _____

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MULTIPLE FUNDING SOURCES: (Personal savings, sponsor, scholarship, etc.)

Please list and provide appropriate documentation to verify available sources of funding totalling the annual cost for my program listed above:

Funding Source one: _____

Continued on next page

I certify that through my account with the institution listed below, I have \$ _____ (US Dollars) available per calendar year of university attendance.

Signature: _____ Date: _____

Bank certification: The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

Signature of bank officer and bank seal or
original address stamp: _____

Date: _____

Bank Name and Address: _____
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Funding Source two: _____

I certify that through my account with the institution listed below, I have \$ _____ (US Dollars) available per calendar year of university attendance.

Signature: _____ Date: _____

Bank certification: The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

Signature of bank officer and bank seal or
original address stamp: _____

Date: _____

Bank Name and Address: _____
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Funding Source three: _____

I certify that through my account with the institution listed below, I have \$ _____ (US Dollars) available per calendar year of university attendance.

Signature: _____ Date: _____

Bank certification: The above-named applicant has on deposit with this institution sufficient funds to cover the amount certified above.

Signature of bank officer and bank seal or
original address stamp: _____

Date: _____

Bank Name and Address: _____

The information contained in this document is true and accurate to the best of my knowledge. I also understand that any falsification or omissions to this document will disqualify me from further consideration and/ or prompt withdrawal of any offer of admission and possible scholarship funds. I understand that if my educational expenses (tuition) are not paid before the semester begins, John Carroll University may cancel my registration which will result in my F or J visa to be out of status.

Signature of Applicant: _____ Date: _____

Please staple bank statements and supporting documents to this form.

Return Form to:
John Carroll University
Office of Graduate Admission
1 John Carroll Boulevard
University Heights, Ohio 44118

Cost is made up from the following and may adjust based on some applicants, but this is an average for all international students:

Annual Tuition:	\$9,375 - \$33,000	Insurance:	\$900
Room & Board:	\$15,000	Winter Clothing	\$250
Travel:	\$3,200	Books & Supplies:	\$1,250
Personal Expenses:	\$2,000		