



University of Arkansas

RICH MOUNTAIN

DECLARATION AND CONFIRMATION OF FINANCIAL RESOURCES

Total of all documented funds must equal or exceed the minimum estimated cost for one academic year (9 months), which is currently \$14,615. Please fill out applicant's information below. Write your name exactly as it appears on the personal information page of your passport. Please make sure to sign at the bottom of this form.

Family Name _____ First Name _____ Middle Name _____

Female Male Birth Date: DD ____ MM ____ YYYY ____ Email address: _____

Part I. Personal Fund *Please complete this part if the bank documents are under applicant's name.*

“ _____ U.S. dollars of my own funds will be available to me while studying at UA Rich Mountain for my first year of study.”

Bank Name: _____

Bank Address: _____

Attach recent (less than 3 months old) Original bank letter or bank statement, including specific amount available and name of account holder. All documents must be in English.

Contact Person at Bank: _____ Phone: _____ Email: _____

Part II. Family or Individual Sponsor's Support (Sponsor's Guarantee) *Please complete this part if the bank documents are under family member or individual sponsor's name.*

“ _____ U.S. dollars will be available to the student named above while studying at UA Rich Mountain.”

Sponsor's Name (Printed): _____

Relationship to Applicant: _____

Bank Name: _____

Bank Address: _____

Attach recent (less than 3 months old) Original bank letter or bank statement, including specific amount available and name of account holder. All documents must be in English.

Contact Person at Bank: _____ Phone: _____ Email: _____

Part III. Sponsoring Organization, Firm, Government, or School (including loans and scholarships) *Please complete this part if financial documents are issued or under the name of organizations, firm, government or school.*

“_____ U.S. dollars will be available to the student named above while studying at UA Rich Mountain.”

Attach recent (less than 3 months old) letter of support with amount committed and length of commitment. This includes UA Rich Mountain athletic scholarships.

Name of Sponsoring Organization: _____

Date of Award Period: _____ to _____

Contact Person: _____ Phone: _____ Email: _____

This is to certify that all the information furnished on this form is true and correctly reflects my plans to meet expenses while attending the University of Arkansas Rich Mountain. I fully understand that the minimum amount necessary for my living expenses is subject to change and that my individual financial needs may vary from the minimum estimated amount, as shown on the UA Rich Mountain website. I will notify UA Rich Mountain immediately of any change in my financial situation.

Applicant's Signature Date (MM/DD/YYYY)

Sponsor's Signature Date (MM/DD/YYYY)

Return documents to UA Rich Mountain email admissions@uarichmountain.edu.