

COLUMBIA INDEPENDENT SCHOOL FORM 2: STATEMENT OF FINANCIAL SUPPORT

Name of Student:				
	FIRST	MIDDLE	LAST/FAMILY NAME	
Preferred Name:				
Name and address of family	y and/or sponsor providi	ing financial support:		
≰ Dr. ≰ Mr. ≰ Mrs. ≰ Ms.		₡ Dr. ₡ Mr. ₡ Mrs. ₡ Ms.		
PARENT'S/SPONSOR'S LEGAL NAME		PARENT'S/SPONSOR'S LEGAL NAME		
STREET ADDRESS		STREET ADD	STREET ADDRESS	
CITY	PROVINCE	CITY	PROVINCE	
POSTAL CODE	COUNTRY	POSTAL COD	E COUNTRY	
EMPLOYER		EMPLOYER		
OCCUPATION	POSITION/TITLE	OCCUPATION	N POSITION/TITLE	
NUMBER OF YEARS WITH EMPLOYER		NUMBER OF	NUMBER OF YEARS WITH EMPLOYER	
RELATIONSHIP TO APPLICANT		RELATIONS	RELATIONSHIP TO APPLICANT	
I hereby certify that I/we w who is applying for admiss	ill pay the necessary tuition to Columbia Indepen	tion and provide financial sindent School (CIS) as long	upport foras he/she is enrolled at CIS.	
PARENT'S/SPONSOR'S	SIGNATURE DATE	PARENT'S/SP	ONSOR'S SIGNATURE DATE	
PARENT'S/SPONSOR'S PRINTED NAME		PARENT'S/SP	PARENT'S/SPONSOR'S PRINTED NAME	

The Statement of Financial Support (Form 2) and a copy of the parent's and/or the sponsor's bank statement must be submitted in order for CIS to consider the student for admission and begin processing the student's I-20 upon admittance. CIS cannot begin the I-20 process without this information.