

College of Health Professions Accelerated BS in Nursing	\$	NYC Campus	Pleasantville Campus
--	----	------------	----------------------

SECTION III. STUDENT DECLARATION

I, (print name) _____ hereby declare that I will have funding available to cover estimated expenses for the duration of my program (degree of study) _____ at Pace University's (NYC/PLV) _____ campus. I have attached supporting documentation to demonstrate I can readily meet my program's ACADEMIC YEAR ESTIMATED COSTS of USD \$_____.

Student Signature

Month / Day / Year

SECTION IV: SPONSOR DECLARATION

TO BE COMPLETED BY SPONSOR

I certify that I am willing and able to sponsor (Student Name) _____ with the minimum amount of USD \$_____ for their tuition and living expenses while attending Pace University. I have attached original bank documentation in US dollars dated and signed by a bank official no more than six months before the student's enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

Sponsor Signature

Month / Day / Year

Relationship to Student

Print Name

Sponsor's Citizenship

Print Address (physical & email address)

Telephone Number

TO BE COMPLETED BY ADDITIONAL SPONSOR

I certify that I am willing and able to sponsor (Student Name) _____ with the minimum amount of USD \$_____ for their tuition and living expenses while attending Pace University. I have attached original bank documentation in US dollars dated and signed by a bank official no more than six months before the student's enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

Sponsor Signature

Month / Day / Year

Relationship to Student

Print Name

Sponsor's Citizenship

Print Address (physical & email address)

Telephone Number