**INTERNATIONAL STUDENT DEMONSTRATION OF FINANCIAL CAPABILITY**

Financial Capability may be demonstrated through a student’s personal fund and/or a sponsor’s fund. Students may show more than one sponsor. All funds combined must be equal to or greater than 24,000.00 CAD.

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| STUDENT PERSONAL FUND |
| Please complete this section if you are showing your personal bank statement. |
| STUDENT NAME (as it appears in  the bank record) |  |
| Name of Financial Institution/Bank |  |
| Date Issued: | Total Amount Available (CAD):  |

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| SPONSOR DECLARATION OF FUND |
| Please complete this section only if you are showing a sponsor’s fund. If you have more than one sponsor, please use one form per sponsor. The statement of sponsorship must also be completed for MTG Healthcare Academy to accept these funds as part of the student financial capability.  |
| SPONSOR NAME (as it appears in the  financial document)  |  |
| Sponsor relationship to the student |  |
| Date Issued: | Total Amount Available (CAD):  |

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| **SPONSOR AFFIDAVIT OF SUPPORT** |
|  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , am willing to sponsor  [Sponsor Printed Name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, [Student Printed Name] [Relationship to Student] for the duration of his/her studies at MTG Healthcare Academy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SIGNATURE OF SPONSOR** Date Signed |

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| Locations of MTG Healthcare Academy |
| MTG Healthcare AcademyCalgary Campus1324 36 Avenue NECalgary, Alberta T2E 8S1Telephone outline403-264-2009 / 403-992-7611 |
| MTG Healthcare AcademyRed Deer Campus481 48 Street Red Deer, Alberta T4N 1S6Telephone outline403-986-4815 |
| MTG Healthcare AcademyEdmonton Campus6920 Roper Road NWEdmonton, Alberta T6E 0A8Telephone outline780-434-8328 |