## 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.

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):
SPONS	OR DECLARATION OF FUND
Please complete this section only if y	ou 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	
•	emy to accept these funds as part of the student financial
capability.	
SPONSOR NAME (as it appears in the	1)
financial documen	
Sponsor relationship to the student Date Issued:	Total Amount Available (CAD):
Date Issued.	Total Amount Available (CAD):
SPONSOR AFFIDAVIT OF SUPPORT	
<u> </u>	
l,	, 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

## Locations of MTG Healthcare Academy

MTG Healthcare Academy **Calgary Campus** 1324 36 Avenue NE Calgary, Alberta T2E 8S1



403-264-2009 / 403-992-7611

MTG Healthcare Academy **Red Deer Campus** 481 48 Street Red Deer, Alberta T4N 1S6



403-986-4815

MTG Healthcare Academy **Edmonton Campus** 6920 Roper Road NW Edmonton, Alberta T6E 0A8



780-434-8328