

Student Sponsorship Summary Form

Institute of Higher Education: Foreign Source Name: Country of Foreign Source:

**:**

Fiscal Year:

Collection Period End Date:

Aggregate Payment Received:

Student Count:

Please list in the table below the amount per transaction for each student covered under this sponsorship. (Add rows/include additional pages, if needed.)

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| **Transaction** | **Amount Per Transaction** | **Date Gift Received** |
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Purpose:

Restrictions:

***Include a sample sponsorship letter for this sponsoring entity. Please redact information that is confidential or exempt, as well as identifying student information.***