St. Cloud State University Undergraduate Financial Information Form

st or	Family Name	First or Given Name		Middle	e Name	
noose	NG SOURCES the appropriate cat ll pay for all your exp	egory (1,2,3) and state the source o	f your yearly	financial re	sources in U.S	. dollars with whi
1)	Personal savings:	have personal savings in the equiva	lent of	U.S. \$		
2)	Parent or Sponsor	resources: My sponsor has the equi	valent of	U.S. \$ ₋		
	Name of Parent, Re	lative, or Sponsor as it is on the Bank Account	Signature of Parent, Relative, or Sponsor			
		nip to student: consoring any other student studyir		Yes	No	
		udent is attending:	_			
3)	School the other stored support for certified letter of your certified	om a government agency, private our award. This letter may not be mapproved to receive the support for	foundation, ore than six (university o	old. The letter	must state that y
3)	Financial support for certified letter of you have already been a	om a government agency, private our award. This letter may not be mapproved to receive the support for eive.	foundation, ore than six (university o 6) months o Cloud State	old. The letter	must state that y I the amount of
3)	Financial support for certified letter of you have already been a support you will reconstruct the support of Agency, For Name of Agency, For the support of	om a government agency, private our award. This letter may not be mapproved to receive the support for eive.	foundation, ore than six (university o 6) months o Cloud State U.S. \$	old. The letter University and	must state that y I the amount of
READ of anr	Financial support for certified letter of you have already been a support you will reconstructed. Name of Agency, For Total must equal at TOTAL OF 1, 2, 3 CAREFULLY! You are requal expenses of \$26,00 ance. International traverses.	rom a government agency, private our award. This letter may not be mapproved to receive the support for eive.	foundation, to ore than six (a study at St. Concument for the st. Concume	U.S. \$ the visa. U.S. \$ thave documersonal exper	nented support	must state that y the amount of for the estimate d health