

St. Cloud State University
Undergraduate Financial Information Form

APPLICANT'S NAME: WRITE YOUR NAME AS IT APPEARS ON YOUR PASSPORT:

Last or Family Name

First or Given Name

Middle Name

FUNDING SOURCES

Choose the appropriate category (1,2,3) and state the source of your yearly financial resources in U.S. dollars with which you will pay for all your expenses.

1) **Personal savings:** I have personal savings in the equivalent of U.S. \$ _____

2) **Parent or Sponsor resources:** My sponsor has the equivalent of U.S. \$ _____

Name of Parent, Relative, or Sponsor

Signature of Parent, Relative, or Sponsor

List the name exactly as it is on the Bank Account

Sponsor's relationship to student: _____

Are you currently sponsoring any other student studying in the US? ___Yes ___No

School the other student is attending: _____

3) **Financial support from a government agency, private foundation, university or business.** Enclose a signed and certified letter of your award. This letter may not be more than six (6) months old. The letter must state that you have already been approved to receive the support for study at St. Cloud State University and the amount of support you will receive.

Name of Agency, Foundation, Business

U.S. \$ _____

Total must equal at least \$22,300 to receive the I-20 document for the visa.

TOTAL OF 1, 2, 3

U.S. \$ _____

READ CAREFULLY! You are required to submit financial certification indicating you have documented support for the estimate of annual expenses of \$22,300. These include tuition and fees, living expenses, personal expenses, books, and health insurance. International travel expenses are not included in the annual estimated funding required. If you plan to bring dependents (spouse and/or children), you must submit additional certification (see next page).

DEPENDENT INFORMATION

If applicable: List any dependents (Spouse or children) who will be accompanying you and should be included on your I-20: You will need \$6,500 additional financial for you first dependent and \$4,000 for each additional dependent.

NAME As it appear on passport

Relationship

Country

Country

Date of

To applicant

of citizenship

of birth

birth mm/dd/yyyy
