

## Financial Statement for International Applicants

Student's name: \_\_\_\_\_  
(FAMILY/SURNAME) (FIRST/GIVEN) (MIDDLE)

Birthdate: \_\_\_\_\_ Gender Male  Female   
(MM/DD/YYYY)

City of birth: \_\_\_\_\_ Citizenship country: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Country of residence: \_\_\_\_\_

If family members will accompany you to the US on F-2 or J-2 visa(s), you must show that you have sufficient funds to cover their living expenses. Provide the information below for the visa eligibility form, and **attach copies of their passports**.

RELATION	SEX	LAST NAME, FIRST NAME	BIRTHDATE	BIRTH CITY & COUNTRY	CITIZENSHIP
<input type="checkbox"/> Spouse					
<input type="checkbox"/> Child					
<input type="checkbox"/> Child					

If you will hold a J-1 visa, please check the box below that best describes your last activity in your home country. (If you are already in the U.S. on a J-1 visa, include a photocopy of your current DS-2019 Form in your supporting materials.)

Student:  Secondary  Undergrad.  Graduate; **Teacher:**  Secondary  University; **Employed:**  Gov't.  Private  Other (complete below):  
 Position title: \_\_\_\_\_ Name of employer: \_\_\_\_\_

**INSTRUCTIONS:** Please indicate below the financial sources and amounts in US dollars that you will have to cover all educational and living expenses for you and any dependents accompanying you for each year of attendance. Your sponsor(s) must also indicate how many years they will support you by checking the appropriate box under "Years Provided" using the following estimates: Bachelor's—4 yrs; Master's—2 yrs; PhD—5 yrs; Nondegree and IEOP—1 yr; Certificate—1 yr. Private sponsors should attach a bank statement or certificate of balance showing readily available funds sufficient to cover the first year's expenses. If you are applying for a scholarship, the scholarship award letter should indicate the amount and length of the award, and may be attached. If the award letter has not yet been issued, please indicate the name of the expected scholarship.

SOURCE(S) OF SUPPORT	AMOUNT PROVIDED ANNUALLY	YEARS PROVIDED
<input type="checkbox"/> Self (bank statement must have full funds for all years)	\$ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Parent or other family (attach bank statement of 1 year's funds)	\$ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Private sponsor (non-family) (attach bank statement of 1 year's funds)	\$ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Scholarship (list organization) _____	\$ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Other (please provide details) _____	\$ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>Total: (Must equal the estimate of expenses for one academic year.)</b>	<b>\$ _____</b>	

**DECLARATION OF SUPPORT FROM SPONSOR (IF YOU HAVE MORE THAN ONE SPONSOR, PHOTOCOPY THIS FORM.)**

This is to certify that I, \_\_\_\_\_ will provide funds in the amount of \$ \_\_\_\_\_ per year  
(PLEASE TYPE OR PRINT NAME CLEARLY)

for the above-named applicant during his/her studies at Iowa State University. I have attached official documentation of the funds. My signature below certifies that all information provided on this form is accurate, that I will provide the funds I have promised above, and that the student will not incur any debt with the university.

Sponsor's signature: \_\_\_\_\_ Sponsor's relationship to student: \_\_\_\_\_ Date \_\_\_\_\_

Sponsors living in U.S. must check appropriate status:  U.S. citizen  Immigrant  Nonimmigrant (visa type: \_\_\_\_\_)

Applicant: My signature certifies that all information provided on this form is complete and accurate, and that I accept responsibility for all expenses I and my dependents incur (including **required** family health insurance) during my attendance at Iowa State. With the exception of any financial assistance already offered to me by the university, I do not expect Iowa State to provide me with financial assistance or employment.

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_