FINANCIAL SPONSOR FORM

For International Student Applicants

IMPORTANT: RETURN THIS WITH YOUR APPLICATION FOR ADMISSION.
FAILURE TO RESPOND TO ALL QUESTIONS, REQUIREMENTS, AND BLANKS WILL DELAY THE PROCESS OF ADMISSION.

- Admission will be denied if student indicates insufficient amount of support to cover cost.
- The <u>ESTIMATED</u> cost of attending SMSU for a school year is approximately **\$24,500**. Verification of an additional \$5,000 is needed if you are bringing a spouse/first dependent and \$3,000 for each additional dependent.
- The U.S. Federal Regulations require that admission decisions be based on academic acceptance and evidence of adequate funds to meet college expenses for the first year and for the entire period you plan to study in the United States.
- There is no financial aid and very limited on-campus work opportunities for students holding student visas (F-1). You are not permitted to work full-time during the nine-month academic year. Dependents of F-1 visa holders, having an F-2 visa, are never permitted to work.

Your chances of working on campus the first year are limited; not all students who are looking for work may get a job. Please understand that your sponsor must be willing to cover your expenses for the entire two/four years.

- The lack of adequate financial resources, as stated above, will jeopardize your status as a student in the U.S.
- Please be aware that tuition must be paid in full by the university deadlines or your classes can be canceled.
- You are required to pay \$3,000 as down payment during orientation before you can enroll for classes.

APPLICANT'S NAME ——	(Last or Family Name)	(First or Given Name)	((Middle Name)
PLEASE INDICATE T	HE SOURCES OF FINANCIAL SUPPO	ORT AND AMOUNT YOU ANTICIPATE	RECEIVING	IN U.S. DOLLARS
Personal (student) Res	sources:			
(Original bank statements <u>must</u> be enclosed to verify amounts.)				U.S. \$
Parent or Sponsor Res	sources:			
(Official Certification Form and original bank statement must be enclosed) PARENT OR				U.S. \$
SPONSOR MUST SIGN	ON SIDE 2 OF THIS FORM			0.5. 4
Government Scholarsh	nip:			u.c. #
(A signed copy of your	letter of award must be enclose	d.)		U.S. \$
Other Sources:				
(Please specify and pro	ovide signed affidavits from auth	norized persons or agencies.)		U.S. \$
				U.S. \$
				U.S. \$
Total funda available abou	uld be equal to or higher than \$7/.	EOO the actimated cost of		
	uld be equal to or higher than \$24, nesota State University for a calend		*Total	U.S. \$
ealth insurance, books, ar	· ·	iai yeai (taition, room and boara,	(required)	

-Please Turn Over-



Please email form to:

Center for International Education 1501 State Street • Marshall, MN 56258 CIE@smsu.edu • smsu.edu/admission/international

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS

and amounts from parents or sponsor

PARENT OR SPONSOR: Please fill out information below.

I certify with my signature that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified. (Name of parent, relative, sponsor) (Relationship to applicant) (Street and Number) (City) (State/Country) (Zip) (Sponsor's Email Address) (Sponsor's Phone Number - include country code) Are you sponsoring any other student currently studying in the U.S.? Yes No If yes, student's name (please print):_____ School student is attending: I agree: By providing my contact information I agree that I may be contacted by staff of SMSU regarding any overdue unpaid balances on the student's account. (DATE) (SIGNATURE OF PARENT, RELATIVE, OR SPONSOR) Stamp for Notary Public or Legal Authority (SIGNATURE OF NOTARY PUBLIC/LEGAL ADVOCATE) (DATE) OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS APPLICANT: Please provide the REQUIRED information below, BOTH spaces for U.S. dollar amounts must be filled in. The signature and date must be provided as well. I certify with my signature that the total amount of money that I have for my first year of study at Southwest Minnesota State University is \$_____ (including funds for spouse and children, when applicable), and the total amount available for each subsequent year of study is \$_____. Further, I certify that the information provided is correct and complete and that I shall notify Southwest Minnesota State University of any change in my financial circumstances. I understand that inaccurate information can be cause for terminating enrollment at Southwest Minnesota State University.

IF ANY DEPENDENTS (SPOUSE OR CHILDREN) WILL BE ACCOMPANYING THE STUDENT, SMSU WILL NEED A COPY OF EACH DEPENDENT'S PASSPORT ALONG WITH A COPY OF THE MARRIAGE CERTIFICATE FOR THE SPOUSE AND THE BIRTH CERTIFICATE OF EACH CHILD.

(DATE)

(SIGNATURE OF STUDENT)