

INTERNATIONAL STUDENT CERTIFICATION OF FINANCIAL SUPPORT – STUDENT/SPONSOR(S)
Incomplete forms will delay completion of your application file
A. APPLICANT'S LEGAL NAME

(PLEASE PRINT) _____ FAMILY NAME FIRST NAME MIDDLE NAME

B. _____ COUNTRY OF BIRTH COUNTRY OF CITIZENSHIP

C. SPONSOR'S NAME:

(PLEASE PRINT) _____ FAMILY NAME FIRST NAME RELATIONSHIP TO APPLICANT (I.E., FATHER, AUNT, FRIEND)

D. SPONSOR'S ADDRESS:

 (PLEASE PRINT) _____ NUMBER AND STREET CITY STATE/PROVINCE
 _____ POSTAL CODE COUNTRY

SPONSOR'S TELEPHONE NUMBER: _____ (____) _____ - _____
 COUNTRY CODE CITY CODE

SPONSOR'S FAX NUMBER: _____ (____) _____ - _____
 COUNTRY CODE CITY CODE

SPONSOR'S E-MAIL ADDRESS: _____
 (PLEASE PRINT)

E. SOURCE OF FINANCIAL SUPPORT:
AMOUNT FOR FIRST YEAR OF STUDY:

 Student's Personal Savings \$ _____ (USD)
 Funds from Family or Sponsor(s) \$ _____ (USD)
 Funds from Government or an Agency (INCLUDE A COPY OF THE AWARD LETTER) \$ _____ (USD)
 OTHER \$ _____ (USD)

TOTAL DOLLARS MUST EQUAL AT LEAST THE CURRENT ACADEMIC YEAR COSTS \$ _____ (USD)

SPONSOR(S) MUST PROVIDE COPIES OF THEIR LAST THREE BANK STATEMENTS

 I certify that the information on this form is a true and accurate statement. The funds stated above will be provided for each year of study at Frostburg State University. *I understand that expenses are subject to increase at any time and that I should contact the University to determine current academic year costs.*
If the account is in more than one name, all account holders must sign below.

Signature of Sponsor(s) (or applicant if self-supporting) _____ Date _____

Additional Signature(s) (if needed) _____ Date _____

F. Return completed form to the address listed in the upper right corner of this form.