

Financial Statement for Graduate Applicants

Full legal name as it appears in passport _____					
		(FAMILY/SURNAME)	(FIRST/GIVEN)	(MIDDLE)	
Birthdate (MO/DAY/YR): _____		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
City of birth: _____		Citizenship country: _____			
Country of birth: _____		Country of residence: _____			
		(COUNTRY CODE/CITY CODE/NUMBER)	(COUNTRY CODE/CITY CODE/NUMBER)		
Do you have any dependents who will accompany you? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate particulars below:					
RELATION	GENDER	LAST NAME	FIRST NAME	BIRTH CITY AND COUNTRY	BIRTHDATE
Spouse <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>				
Child <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>				
Child <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>				
Child <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>				
<p>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.)</p> <p>Student: <input type="checkbox"/> Secondary <input type="checkbox"/> Undergrad. <input type="checkbox"/> Graduate; Teacher: <input type="checkbox"/> Secondary <input type="checkbox"/> University; Employed: <input type="checkbox"/> Gov't. <input type="checkbox"/> Private <input type="checkbox"/> Other (complete below):</p> <p>Position title: _____ Name of employer: _____</p>					
<p>Please show below the financial sources and amounts (in U.S. dollars) that you will have to cover all educational and living expenses for you and all dependents accompanying you for each year of attendance (Master's—2 years; Ph.D.—5 years; Certificate—1 year). A bank statement or certificate of balance signed by a bank official must be provided by all private sponsors showing liquid or readily available funds sufficient to cover the first year's expenses. If you are applying for a scholarship, a scholarship award letter should be submitted verifying the amount, source, and length of the award. If the award letter has not yet been issued, please still indicate the source of the expected scholarship. If the information necessary to complete your Financial Statement is not available at the time you apply, you may submit the Statement separately. However, your immigration document cannot be issued without proper certification of financial ability to cover your expenses.</p>					
SOURCE(S) OF SUPPORT		AMOUNT AVAILABLE	YEARS PROVIDED		
Self (attach bank statement)		\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Parent or family (attach bank statement and/or annual salary statement)		\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Private sponsor (non-family) (attach bank statement and/or annual salary statement)		\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Scholarship (list organization): _____		\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Other (provide details): _____		\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Total		\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
DECLARATION OF SUPPORT FROM SPONSOR (IF YOU HAVE MORE THAN ONE SPONSOR, PHOTOCOPY THIS FORM.)					
<p>This is to certify that I, _____ will provide funds in the amount of \$ _____ per year</p> <p style="text-align:center">(PRINT OR TYPE NAME OF SPONSOR)</p> <p>for the above-named applicant during his/her studies at Iowa State University. I have attached to this statement official documentation of available funds.</p> <p>Signature of sponsor: _____ Relationship to applicant: _____</p> <p>Address: _____</p> <p>Telephone: _____ E-mail : _____</p> <p>Sponsors living in U.S. must indicate their citizenship/visa status: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Immigrant <input type="checkbox"/> Nonimmigrant (Visa Status): _____</p> <p>My signature certifies that all information provided on this form is complete and accurate, and that I agree that I am responsible for all expenses my dependents and I 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.</p> <p>Applicant's signature: _____ Date: _____</p>					