

## Financial Statement for Undergraduate Applicants

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
(FAMILY/SURNAME) (FIRST/GIVEN) (MIDDLE) (COUNTRY CODE/CITY CODE/NUMBER)

2. Current address \_\_\_\_\_  
(NUMBER AND STREET)

\_\_\_\_\_  
(CITY) (PROVINCE/STATE) (POSTAL CODE) (COUNTRY)

3. Country of citizenship \_\_\_\_\_ E-mail \_\_\_\_\_

4. Date of birth \_\_\_\_\_ Birthplace \_\_\_\_\_  
(MONTH/DAY/YEAR) (CITY AND COUNTRY)

5. 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 (see to the Estimated Annual Expenses). Provide the information below for the visa eligibility form.

Relation	Gender M / F	Last Name, First Name	Date of Birth MM/DD/YYYY	Birth Country	Country of Permanent Residence
<input type="checkbox"/> Spouse					
<input type="checkbox"/> Child					
<input type="checkbox"/> Child					

6. Please indicate below who is providing for your financial support, and indicate how much money (in US dollars) they will provide each year for your support. Your sponsor(s) must also indicate how many years they will support you by checking the appropriate box under "number of years of funding," and document that they have sufficient funds to cover your first year's expenses in readily available assets (i.e., a savings account, etc.) by attaching a bank statement or other such documentation.

Source of funds	Amount provided annually	Number of years of funding
<input type="checkbox"/> Applicants own funds (attach bank statement, etc.)	\$ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Parents or other family funds (attach bank statement, etc.)	\$ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Other sponsor's (attach bank statement, etc.)	\$ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Scholarship (attach award letter and list name of organization)	\$ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
_____	\$ _____	<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 academic year expenses.)</b>	\$ _____	

8. Declaration of support from sponsor (if you have more than one sponsor, make a photocopy of this form for their completion).

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
(PLEASE TYPE OR PRINT CLEARLY)

Address \_\_\_\_\_

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

9. **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. With the exception of any financial assistance already offered by Iowa State, I do not expect the university to provide any financial assistance now or in the future.**

Sponsor's signature: \_\_\_\_\_ Date \_\_\_\_\_