

INTERNATIONAL STUDENT FINANCIAL STATEMENT

All international applicants must document their ability to meet all educational and living expenses for the entire period of their intended study before this university can issue a Certificate of Visa Eligibility (I-20). Please read the following instructions carefully before completing and submitting this form.

INSTRUCTIONS: Part I Answer questions 1-13 completely.
Part II In the first column; indicate the source(s) of your funding. In the columns headed Year 1, 2, 3, and 4, indicate the amount (in US dollars) available for each year of study. Each sponsor must verify these amounts by signing the form on the reverse side. Be sure to include original bank statements issued within the past 3 months to verify available funds. If the bank statement is not in your name, you must provide a clear statement of support from your sponsor.

You must document funds for the first year and provide a reasonable plan to cover the cost of the rest of your program. We expect that the cost of tuition and living expenses will increase each year. Remember that the US consulate will also require original financial documentation.

SOURCES OF FUNDS

REQUIRED DOCUMENTATION

Personal/Family	Signatures of sponsors on this form, bank verification on both this form and in a separate statement. Remember, if the bank statement is not in your name, you must provide a clear statement of support from your sponsor.
Scholarship	Official scholarship letter from the institution awarding the scholarship. The award letter must contain the name of the applicant, the amount of money available for each year of study, the duration of the award (including beginning and ending dates), the degree and major field of study for which the award is tenable, and the name State University of New York at New Paltz, for which the award is applicable.
Government or Employer	Official letter indicating the amount of support and containing the same information as for "Scholarship" described above.
Loans	Official letter from a credit institution indicating approval of the loan and the amount approved.
Dependent Support	A student wishing to have his/her family member(s) accompany him/her must document the following amounts for each family member per calendar year of intended study: For Spouse: \$6000 per calendar year For each child: \$4000 per calendar year

State University of New York at New Paltz reserves the right to require additional financial documentation and/or pre-payment from applicants whose countries impose currency exchange restrictions or other obstacles to the transfer of currency. Applicants from such countries will be notified of specific requirements when they have submitted complete applications.

Any questions regarding financial documentation requirements or your I-20 status should be directed to the International Student Advisor at the Center for International Programs. E-mail: international@newpaltz.edu

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Be sure to read the instructions on the reverse side before completing this form

Part I (Print or Type)

1. Name of Applicant: Mr. Ms. _____

Family Name First Name Middle

2. Permanent Address _____

3. Campus to which you are applying: New Paltz

4. Major field/department _____

5. Degree for which you are applying _____

6. I expect my program of study to take ___ years to complete.

7. Birth date ___ / ___ / _____

8. Country of citizenship _____

9. I plan to come without dependents

The following will accompany me
(list the names and relationships)

10. Does your country restrict dollar exchange?

Yes No What is the maximum dollar amount permitted for a student? _____

11. Total amount of US dollars you expect to bring with you upon arrival (tuition, room, meals, and books must be paid at the beginning of the semester) \$ _____

12. Do you have a source within the US for emergency funds once you arrive in this country? Yes No

13. If yes, name source _____
Amount available in US \$ _____

Part II (Print or Type)

Complete each relevant item below. Enter amount of assured support available for each year of study in U.S. dollars. Sign and date the form.

SOURCE OF FUNDS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	REQUIRED VERIFICATION
Personal savings Name of Bank _____ Account Holder _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A) below.
Family/Relative/Sponsor Name _____ Name _____ Name _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A) and (B) below.
Scholarship/Loan Awarded by _____ _____	\$	\$	\$	\$	1. Official award letter See instructions on reverse. 2. Loan approval letter See instructions on reverse.
Government/Employer/Other Name of sponsor _____ Other _____ (Specify source and type of support)	\$	\$	\$	\$	1. Official letter of support See instructions on reverse 2. Bank statements, affidavits, or sworn statements
TOTALS	\$	\$	\$	\$	

Verification

A. This is to certify that the funds indicated above are on deposit or are being held in the name of the applicant, his/her family members, or sponsors (named above) at the savings institution named below, (Verification of amounts is without liability for the bank or its officials). Attach separate statement of accounts with official signatures.

Name of Bank _____ Date _____

Bank Official's Title _____ Bank Official's Signature/Seal _____

B. This is to certify that I (we) the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the State University Campus listed above and that I (we) are submitting bank statements indicating the availability of these funds. I (we) must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment.

Sponsor Signature _____ Date _____ Relationship to applicant _____

Sponsor Signature _____ Date _____ Relationship to applicant _____

This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant's Signature _____ Date _____ Relationship to applicant _____