



# Declaration and Certification of Financial Support 2019-2020

**ISU International Programs Office**  
921 S 8<sup>th</sup> Ave. STOP 8038  
Pocatello, ID 83209-8038

## Part I. Student Personal Information

Name (as in passport): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last (Surname/Family)      First (Given)      Middle
Month/Day/Year

Term of application to ISU (check one):  Fall  Spring Year: \_\_\_\_\_

Level of study at ISU (check one):  Associate  Bachelor  Master  Ph.D/Doctorate

SEVIS Transfers: Have you attended another academic program in F-1 or J-1 status during the five months preceding your desired start date at Idaho State University?  Yes  No If yes, list SEVIS ID and current institution: \_\_\_\_\_

**General Information:** International students requiring F-1 or J-1 visas to attend Idaho State University must show evidence of sufficient funds for one full year to support themselves and any dependents (spouse/children) who will be accompanying them in the U.S. Please note that if you are a returning student, delaying your anticipated start date, or beginning a new academic program, new financial documentation will be necessary if it is older than 6 months. ISU has calculated the following official yearly estimates of expenses. These figures are general estimates based on minimum full time enrollment for graduate students (9 credit hours per semester) and undergraduate students (12 credit hours per semester). Please note that these are only estimates and may not reflect all costs for every degree being sought. These estimates do not include the cost for a summer session, optional fees or extra program specific fees (e.g. lab fees, College of Technology tool fees, orientation fees, etc.).

## Part II. Estimate of Student's Expenses in U.S. Dollars

The estimated financial cost for one academic year (nine months) of study at Idaho State University is:

EACH YEAR	GRADUATE STUDENTS	UNDERGRADUATE STUDENTS
Non Resident Tuition and Fees	\$ 26,222.00	\$ 24,168.00
Room and Board	\$ 6,414.00	\$ 6,414.00
Health Insurance	\$ 2,601.00	\$ 2,601.00
Books & Supplies	<u>\$ 1,100.00</u>	<u>\$ 1,100.00</u>
<b>Total</b>	<b>\$ 36,337.00</b>	<b>\$ 34,283.00</b>

**Dependents:** A spouse and each additional child who will hold an F-2 or J-2 visa requires additional yearly funding at \$3000 per dependent.

### Other Program Specific Fees

The Pharm D: \$15,362, Accelerated Nursing: \$15,520, and Physician Assistant: \$13,750

1. **Estimated Expenses:** Select one amount  Graduate: \$36,337.00 = \$   
 Undergraduate: \$34,283.00
2. **Dependent Expenses:** If you will bring a spouse or children, add \$3000 X number of dependents = \$
3. **Other Program Specific Fees:** List additional expenses from above (if applicable) = \$

**Total Estimate of Yearly Expenses = \$** \_\_\_\_\_

## Part III. Dependent Information

Please list below any dependents (spouse, children) holding or applying for an F-2 or J-2 visa who will accompany you in the U.S. and submit a copy of each dependent's passport identification page and/or birth certificate.

Last (Surname/Family) Name	First Given Name(s)	Date of Birth	Country of Citizenship	Relationship to Student

## Part IV. Financial Information

**Bank Document Requirements:** Any bank document(s) used for the purpose of obtaining an I-20 or DS-2019 must be dated within the past six months in order to be considered valid. The document(s) must be original (or a certified true copy of an original document) on bank letterhead and signed and/or stamped by a bank official. Photocopies, faxes & scanned attachments cannot be accepted. Funds in cash accounts, savings, and certificates of deposits are acceptable types of funds. Evidence may not include anticipated income or funds from non-liquid assets such as property ownership or investments. Evidence of funding may not include anticipated ISU income or awards unless the student has written evidence of promised ISU Funding. The document(s) must be accompanied by an official English translation if in a different language. Please have the document show the amount in US Dollars if possible.

Source of Funds	Amount in U.S Dollars
<input type="checkbox"/> Personal Funds (Enclose an official bank document meeting the above Bank Document Requirements)	\$
<input type="checkbox"/> Family and/or Sponsor Funds (Complete Part V. of this form and enclose an official bank document meeting the above Bank Document Requirements)	\$
<input type="checkbox"/> Financial Aid from Sponsoring or Government Agency, Private Foundation or Other Agency (Enclose an official and original letter indicating amount and availability of funds)	\$
<input type="checkbox"/> Financial Support from Idaho State University (Enclose award letter from ISU entity)	\$
<input type="checkbox"/> Other Funding (Please Specify)	\$
<b>Total Support for first year at ISU:</b> (this number must match or exceed the <b>Total Estimate of Yearly Expenses</b> listed in Part II of this form)	\$

## Part V. Family/Sponsor Certification

If you have more than one sponsor, please have each sponsor complete a separate form.

Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_  
Month/Day/Year

Name of Sponsor: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address of Sponsor: \_\_\_\_\_

### Check level of guaranteed financial support

- Total First Year Expenses\*  
 Other amount \$ \_\_\_\_\_ US Dollars

\*Total first year expenses includes the **Total Estimate of Yearly Expenses** listed in Part II of this form.

**This is to certify that I have agreed to provide funds for the above student in the amount indicated above for the purpose of full-time study at Idaho State University. I understand that Idaho State University is not obligated to provide financial assistance to the applicant and that I am fully responsible for providing the indicated funds above. The evidence of my resources in the form of an official bank document accompanies this statement.**

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

## Sample Bank Letter

Following is an example of a bank letter that could be submitted in support of personal, family or sponsored funds:

Date  
Bank Address

To whom it may concern,

(Name of Account Holder) has had an account at (Name of Financial Institution) since (Account Opening Date).  
His/her account number is (Account Number).

The current balance in the above account is (Balance in US Dollars) US Dollars.  
The amount available for withdrawal is (Amount Available) US Dollars.  
The average balance for the last 90 days is (Average Balance) US dollars.

Sincerely,  
(Signature of Bank Official)  
(Bank Stamp or Seal)

## Applicant Statement

By signing my name to this form, I certify that the information I have given on this form is a correct statement of my arrangements for financing my studies at Idaho State University. I am fully aware that any false statements may result in denial of my admission or cancellation of my registration after enrollment at Idaho State University.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_