



OFFICIAL STATEMENT OF FINANCES

If you need additional information about admission policies, please email JamesFleming@bhsu.edu

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State or Province: _____

Country: _____ Postal Code: _____

1. How many years do you plan to study at Black Hills State University? _____

2. What date do you expect to enroll (mm/yy) _____ Spring _____ Fall _____

3. What degree do you expect to earn? _____

4. What is your marital status? Single Married

5. How many persons are dependent on your income? _____

6. List the persons financially dependent upon you (If more than three, please list separately):

	Name	Age	Relationship	Will this person accompany you to the US?	
				Yes	No
Person #1					
Person #2					
Person #3					
Person #4					

7. In case of emergency, are there sources of additional funds available to you after you arrive in the U.S.? Yes No

8. Does your government restrict the exchange and release of funds to the U.S. for study purposes? Yes No If yes, please explain:

9. Indicate in U.S. dollars the amount of money that will be available to you annually from the sources specified below, and provide appropriate supporting documents. You must show a source of full financial support for all years of attendance. Funds for the support of dependents accompanying you to the U.S. must also be included. **A Certificate of Eligibility (Form 1-20 of IAP-66) will only be issued when the student shows satisfactory financial arrangements for meeting the expenses of his/her entire program of study at Black Hills State University.** *BHSU retains the right to require an advance deposit from students in countries that are experiencing difficulties in foreign exchange.*

****Please Note:** Your admission will not be processed without an official signature and certification from point of origin of funds (bank).

Source of Funds:	<i>Personal Savings / Personal Sources</i> ¹	<i>Salary / Wages</i> ²	<i>Other Income</i> ³
<i>Self Support</i> ³	\$	\$	\$
<i>Family or Sponsor Support</i> ³	\$	\$	\$
<i>Scholarship or Fellowship Support</i> ⁴	\$	\$	\$
<i>Other Support</i> ⁵	\$	\$	\$
TOTAL	\$	\$	\$
GRAND TOTAL = Personal Savings + Salary + Other Income			\$

¹ A statement of your account from your bank will be required.

² A statement from your employer will be required.

³ Documentation will be required.

⁴ A letter from the sponsoring agency giving the details of your award is required.

⁵ A letter from the person or organization giving details of their support is required.

****Bank Official:** Please initial here _____ ****Guarantor:** Please initial here _____

I affirm that the financial information provided above is as representative and accurate as possible for each year that I attend BHSU. As my financial circumstances change from year to year, I understand it is my responsibility to inform the Primary Designated School Official (PDSO), Dr. James Slate Fleming or the Designated School Official (DSO), Mr Gregg Galea.

Applicant's Printed Name _____

Signature _____ Date _____

**Black Hills State University
International Student Official Statement Of Finances &
Certification of Sources of Funds & Amounts**

1. This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available. This does not constitute a guarantee on the part of the bank. (**Also, please initial Source of Funds section on page 2.)

Printed Name of bank official _____

Signature of Bank official _____ Date _____
(Place stamp of bank over signature)

Name of bank _____

Bank Street address _____

City _____ Country _____ Postal Code _____

2. This is certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated. (** Also, please initial Source of Funds section on page 2)

Printed name of Guarantor _____

Signature of Guarantor _____ Date _____
(Relationship)

Street Address _____

City _____ Country _____ Postal Code _____

Printed name of witness or notary _____

Signature of witness or notary _____ Date _____
(Place seal over signature)

Please print this form. Obtain all required signatures and seals. Send by post or fax this completed Official Statement of Finances to:

Dr. James Slate Fleming
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Spearfish, South Dakota
USA 57799-9519
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