



BLACK HILLS
STATE UNIVERSITY

5(4)25 FORM

INSTRUCTIONS: Email a copy of this document in addition to your accompanying bank statements signed and stamped by a bank official to International@BHSU.edu. Keep this document and original bank statements to bring to the US Embassy for your visa appointment. The total amount below must equal at least the minimum cost for one full academic year of attendance found in the application instructions under "Costs" on our website: https://www.BHSU.edu/International. Although only the minimum amount is required, we recommend having additional funds documented for increased likelihood of a positive visa outcome. This document and the attached bank statement must be within 6 months of your start date in either August (Fall) or January (Spring). If you are currently inside the US on a visa, include a copy of your current visa and I-20 or DS-2019 in your supporting materials.

Student's name: _____ (FAMILY/SUR NAME) (FIRST/GIVEN NAME) (0,000\$0)

Date of birth: _____ (MM/DD/YYYY); Gender Female Male

City of birth: _____ Citizenship country: _____

Country of birth: _____ Country of residence: _____

Email: _____ 3UPDWIRULJGGUW

Phone number: _____

Semester term you expect to enroll: Fall Spring / MORIstu y:)GUJUDGDW)DGDW # (FDJTRGJU

Year you expect to enroll: _____ Major: _____ Minor: _____

INSTRUCTIONS: If family members will accompany you to the US on a F-2 dependent visa, you must show sufficient funds to cover their living expenses, please see e s e a p s s e e a a l e "costs" and DWWDFERSLVRWLUUSDVVSRUWV

RELATION	SEX	LAST NAME, FIRST NAME	BIRTHDATE	BIRTH CITY & COUNTRY	CITIZENSHIP
<input type="checkbox"/> Spouse					
<input type="checkbox"/> Child					
<input type="checkbox"/> Child					

INSTRUCTIONS: Please indicate below the financial sources and amounts in US dollars that you will have to cover all educational and living expenses for you and any dependents accompanying you for each year of attendance. Please attach a bank statement or certificate of balance *printed, stamped, and signed by a bank official* showing readily available OLTTLG funds sufficient to cover the first year's expenses. If you list a scholarship, the attached award letter must indicate the amount and length of the award.

SOURCE(S) OF SUPPORT	AMOUNT PROVIDED ANNUALLY
<input type="checkbox"/> Self (bank statement must be in student's name and must cover all years)	\$ _____
<input type="checkbox"/> Parent or Family member (attach bank statement of 1 year's funds)	\$ _____
<input type="checkbox"/> Private sponsor (non-family) (attach bank statement of 1 year's funds)	\$ _____
<input type="checkbox"/> Scholarship (list organization) _____	\$ _____
<input type="checkbox"/> Other (please provide details) _____	\$ _____
Total: (Must equal the estimate of expenses for one full academic year.)	\$ _____

DECLARATION OF SUPPORT FROM SPONSOR (IF YOU HAVE MORE THAN ONE SPONSOR, DUPLICATE THIS FORM FOR EACH SPONSOR)

This is to certify that I, _____ will provide funds in the amount of \$ _____ per year
SPONSOR (PLEASE TYPE OR PRINT NAME CLEARLY)

for the above-named applicant during their studies at Black Hills State University. I have attached official documentation of the funds in the included signed and stamped bank documents. 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.

Sponsor's signature: _____ Sponsor's relationship to student: _____ Date: _____

Sponsors *living in U.S.* must check appropriate status: U.S. citizen Immigrant Non-immigrant (Visa type: _____)

WGW Applicant: My signature certifies that all information provided on this form is complete and accurate, and that I accept responsibility for all expenses I and my dependents incur (including **required** health insurance) during my attendance at ODENOOVWDWYUUVLW With the exception of any financial assistance already offered to me by the university, I do not expect to provide me with DGGLWL RDO GUVWDGWDWDOWRJVWGWBSORPW PDEDYDLOEOLWBRVRLGUGDVRUFRIPIBLI

Applicant's signature: _____ Date: _____