



Official Statement of Finances

INSTRUCTIONS: Please email a scanned copy of this document in addition to your accompanying bank statements signed and stamped by a bank official, and/or scholarship award letters to international@BHSU.edu. Keep this original document and original 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 the BHSU website: <https://www.bhsu.edu/International>. Although only the minimum is required, we recommend having more 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. If you are currently in 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)	(MIDDLE)
Birthdate:	_____	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
	(MM/DD/YYYY):		
City of birth:	_____	Citizenship country:	_____
Country of birth:	_____	Country of residence:	_____

INSTRUCTIONS: If family members will accompany you to the US on a dependent visa, you must show that you have sufficient funds to cover their living expenses. Provide the information below for the visa eligibility form, and **attach copies of their passports**.

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

Email: _____	Permanent foreign address: _____
Phone number: _____	_____
Semester term you expect to enroll: <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Level of Study: <input type="checkbox"/> English <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> J-1 Exchange, IREX, or YEAR Scholar
Year you expect to enroll: _____	Major: _____ Minor: _____

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 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, PHOTOCOPY/DUPLICATE THIS FORM.)

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: _____)

Student 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 Black Hills State University. With the exception of any financial assistance already offered to me by the university, I do not expect BHSU to provide me with financial assistance or employment. I understand that although student employment may be available, it is not considered a source of my funding.

Applicant's signature: _____ Date _____