Financial Guarantee

All international applicants to Indiana State University must complete this form.

Center for Global Engagement | Gillum Hall, second floor | Indiana State University | Terre Haute, IN 47809 812-237-2440 | Fax 812-237-3602 | indstate.edu/ips | isu-ips@mail.indstate.edu

| Name in full as it appears in your passport: | | |
|---|---|---|
| Last | First | Middle |
| Country of Birth | Country of Citizenship | |
| Date of Birth (month/day/year) Are you currently If yes, and your immigration status is not F-1 or J-1, for Form I-20 or DS2 assistance with a change of status application. If you are not eligible for a | 2019 will not be issued until you o | |
| Phone number: | E-mail address: | |
| Address you want I-20 or DS2019 mailed to: | | |
| | | |
| Funding: Total amount necessary for first year of study must be document and documented through bank statements, employment letters, tax return | | sequent years of study must by reasonably attainable |
| The total amount of money that you have available for each academic year | | |
| This amount includes the following: Personal funds \$ | | |
| Funds from Indiana State University \$ | | |
| Other (please specify): | | |
| If any funds are being provided by a sponsor, the sponsor must complete t | the Affidavit of Spansarship below | Funds coming from a sponsor must be |
| documented with bank statements, employment/salary letters, investment from a sponsor must be available and a clear indication that funds for subbank statements must be attached in your name and be sufficient for all y | ts, tax returns, investments, etc. A osequent years of study are reason | t the very minimum, funds for the first year of study |
| I certify that the above information provided is correct and complete and circumstances. $ \\$ | that I shall notify Indiana State Ur | niversity of any change in my financial |
| Student's signature | | Date |
| Affidavit of Sponsorship Note: Any form not completed by the appropriate person and not accompanot be issued. This form is valid for six months only for the purpose of issued. | | e considered incomplete and an I-20 or DS2019 will |
| I hereby attest that I am willing and able and will provide no less than U.S at Indiana State University. I am attaching documents that prove the supp tax returns, and other assets. (The amount indicated should agree with the | port is available including bank sta | atements, employment/salary letters, investments, |
| Name of student: | | |
| Name of sponsor: | | |
| My relationship to the student is | | |
| My address is | | |
| | | |
| Affirmation or Oath of Sponsor I hereby affirm or swear that the content of the above statement is true an | nd correct. | |
| Signature of sponsor: | | |

