



**FOREIGN STUDENT FINANCIAL STATEMENT**

All foreign applicants must document their ability to meet all educational and living expenses for the entire period of their intended study before this University can issue a Certificate of Visa Eligibility (form I-20 or IAP-66). Read the following instructions carefully before completing and submitting this form.

**INSTRUCTIONS: Part I** Answer questions 1-13 completely.

**Part II** In the first column, indicate the source(s) of your funding. In the columns headed Year 1, 2, 3, and 4, indicate the amount (in U.S. dollars) available for each year of study. Each sponsor must verify these amounts by signing the form on the reverse side. Be sure to include supplementary documents as indicated, and attach originals, not photo copies.

All documentation must be dated within one year of the date of initial enrollment at State University of New York at New Paltz. New Paltz has provided you with an estimate of their annual education and living costs for foreign students. You must document financial support equal to or greater than this amount. This estimate is subject to change without notice and will usually increase each year.

**SOURCES OF FUNDS**

**REQUIRED DOCUMENTATION**

Personal/Family –

Signatures of sponsors on this form. Bank verification on both this form and in a separate statement of account.

Scholarship –

Official scholarship letter from the institution awarding the scholarship. The award letter must contain the name of the applicant, the amount of money available for each year of study, the duration of the award (including beginning and ending dates), the degree and major field of study for which the award is tenable, and the name of State University of New York at New Paltz, for which the award is applicable.

Government or Employer –

Official letter indicating amount of support and containing the same information as for “Scholarship” described above.

Loans –

Official letter from credit institution indicating approval of the loan and the amount approved.

Dependent Support –

A student wishing to have his/her family member(s) accompany him/her must document the following amounts for each family member per calendar year of intended study:

**For Spouse:                   \$2600 per calendar year**  
**For each child:               \$1400 per calendar year**

State University of New York at New Paltz reserves the right to require additional financial documentation and/or pre-payment from applicants whose countries impose currency exchange restrictions or other obstacles to the transfer of currency. Applicants from such countries will be notified of specific requirements when they have submitted complete applications.

Return this form with all additional financial documentation directly to: **Office of Admissions**  
**State University of New York at New Paltz**  
**75 S. Manheim Blvd. Suite 1**  
**New Paltz, NY 12561-2499**

# FOREIGN STUDENT FINANCIAL STATEMENT

FSA-4  
C2912-783

Be sure to read the information on the reverse side before completing this form.

**Part I (Write in ink or type)**

1. Name of Applicant  Mr.  Ms.

\_\_\_\_\_  
(Family Name) (first, given) (middle)

2. Permanent Address \_\_\_\_\_  
\_\_\_\_\_

3. Campus to which you are applying **New Paltz**

4. Major field/department \_\_\_\_\_

5. Degree for which you are applying \_\_\_\_\_

6. I expect my program of study to take \_\_\_\_\_ years to complete.

7. Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo day year

8. Country of citizenship \_\_\_\_\_

9.  I plan to come without dependents

The following dependents will accompany me (list names and relationships)  
\_\_\_\_\_  
\_\_\_\_\_

10. Does your country restrict dollar exchange?  Yes  No

What is the maximum dollar amount permitted for a student?  
\$ \_\_\_\_\_

11. Total amount of U.S. dollars you expect to bring with you upon arrival (tuition, room, meals, and books must be paid at the beginning of the semester) \$ \_\_\_\_\_

12. Do you have a source within the U.S. for emergency funds once you arrive in this country?  Yes  No

13. If yes, name source \_\_\_\_\_  
Amount available in U.S. \$ \_\_\_\_\_

**Part II Complete each relevant item below. Sign and date the form after (C).  
Enter amount of assured support available for each year of study in U.S. dollars.**

Source of Funds	Year 1	Year 2	Year 3	Year 4	Required Verification
<b>Personal savings</b> Name of Bank _____ Account Holder _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A) and (C) below
<b>Family/Relative/Sponsor</b> Name _____ Name _____ Name _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A), (B), and (C) below
<b>Scholarship/Loan Awarded by</b> _____ _____	\$	\$	\$	\$	1. Official award letter. See instructions on reverse side 2. Loan approval letter. See instructions on reverse side 3. Complete (C) below Account Holder
<b>Government/Employer/Other</b> Name of sponsor _____ Other (specify source and type of support) _____	\$	\$	\$	\$	1. Official letter of support. See instructions on reverse side. 2. Bank statements, affidavits, or sworn statements 3. Complete (C) below
<b>Totals</b>	\$	\$	\$	\$	

**Verification**

**A.** This is to certify that the funds indicated above are on deposit or are being held in the name of the applicant, his family members, or sponsors (named above) at the savings institution named below. (Verification of amounts is without liability for the bank or its officials). Attach separate statement of accounts with official signatures.

Name of Bank \_\_\_\_\_ Date \_\_\_\_\_  
 Bank Official's Title \_\_\_\_\_ Bank Official's Signature/Seal \_\_\_\_\_

**B.** This is to certify that I (we) the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the State University Campus listed above and that I (we) are submitting bank statements indicating the availability of these funds. I (we) further understand that the State University cannot provide ANY financial assistance to the applicant and that I (we) must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment.

Sponsor signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
 Sponsor signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**C.** This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_