

SOURCES AND AMOUNTS OF FUNDS: Please list the name of the individuals and/or organizations providing financial support for your education. You must show a source of full financial support for a **minimum** of two years of attendance, plus the remaining years for the completion of your degree. If appropriate, funds for the support of dependents accompanying you to the U.S. must also be included. An original letter from each source stating the amount promised in U.S. dollars and the conditions of sponsorship must be attached to this form. DSU retains the right to require an advance deposit from students before issuing an I-20. **You must complete all items on this page and submit this form with all required documents to receive an I-20.**

Sources of Funds	Year 1	Year 2	Year 3	Year 4
Self-support: Personal savings (attach a statement of account from the bank).	\$ _____	\$ _____	\$ _____	\$ _____
Bank official's signature required below. Other income (attach documentation.)				
Family/sponsor support: Savings (attach a statement of account from bank). Signature of a parent, sponsor or bank official is required as a guarantor on the certification below.	_____	_____	_____	_____
Your Government - Please print name of agency _____ (Enclose with this form a signed copy of your letter of award).	_____	_____	_____	_____
Other Support - Please specify: _____ (Enclose a signed letter from the person or organization giving details of their support)	_____	_____	_____	_____
Total: Each of these totals must equal the university's estimate of expenses for one calendar year.	_____	_____	_____	_____

Enter the total amount of money you expect to have when you arrive at DSU \$ _____ (US Dollars)

PLEASE NOTE:

Your admission will **NOT** be processed without an official signature on a Bank Letter certifying availability of funds.

Official Certification of Sources of Funds and Amounts

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.

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Signature of Bank Official _____

Signature of Bank Official _____

Name and Address of Bank _____

Name and Address of Bank _____

Date _____

Date _____

I certify that the information on this form is complete and accurate. I understand that any misrepresentation or omission of facts in my application will justify denial or cancellation of admission to the university, before or after enrollment.

Signature of Applicant _____ Date _____

Note: This section is completed by Dakota State University Officials

This is to certify that I have reviewed the certificate and attached documents and approve the issuance of a Certificate of Eligibility.

Signature _____ Title _____ Date _____