CENTER FOR INTERNATIONAL EDUCATION
FROSTBURG STATE UNIVERSITY
101 BRADDOCK ROAD
FROSTBURG, MD 21532-1099
TELEPHONE : (301) 687-4714
FAX: (301) 687-3057
EMAIL:fsuinternational@frostburg.edu
Web: www.frostburg.edu/admin/cie

INTERNATIONAL STUDENT CERTIFICATION OF FINANCIAL SUPPORT – BANK

Incomplete forms will delay completion of your application file

A. NAME OF BANK: _____
(PLEASE PRINT)

B. BANK ADDRESS: _____
(PLEASE PRINT) NUMBER AND STREET CITY STATE/PROVINCE

_____ _____
POSTAL CODE COUNTRY

C. NAME AND TITLE OF BANK OFFICIAL: _____
(PLEASE PRINT)

PHONE NUMBER: _____ (__ __ __) __ __ __ - __ __ __ __
COUNTRY CODE CITY CODE

FAX NUMBER: _____ (__ __ __) __ __ __ - __ __ __ __
COUNTRY CODE CITY CODE

E-MAIL ADDRESS: _____

D. NAME OF ACCOUNT HOLDER(S): _____
(PLEASE PRINT)

E. TYPE OF ACCOUNTS: _____

I certify that the above named person(s) has sufficient funds on deposit to afford the current academic year expenses at Frostburg State University. This certification is offered with no responsibility on the part of this financial institution. *Expenses are subject to increase at any time. The student should contact the University to determine current academic year costs.*

Signature of Bank Official: _____ **Date:** _____
(MM/DD/YYYY)

Official Stamp or Seal of Bank

F. Return completed form to the address listed in the upper right corner of this form.

CENTER FOR INTERNATIONAL EDUCATION
FROSTBURG STATE UNIVERSITY
101 BRADDOCK ROAD
FROSTBURG, MD 21532-1099
(301) 687-4714
FAX: (301) 687-3057
EMAIL:fsuinternational@frostburg.edu
Web: www.frostburg.edu/admin/cie

INTERNATIONAL STUDENT CERTIFICATION OF FINANCIAL SUPPORT – STUDENT/SPONSOR(S)

Incomplete forms will delay completion of your application file

A. APPLICANT'S LEGAL NAME: _____
(PLEASE PRINT) FAMILY NAME FIRST NAME MIDDLE NAME

B. _____ _____
Country of Birth Country of Citizenship

C. SPONSOR'S NAME: _____ _____
(PLEASE PRINT) FAMILY NAME FIRST NAME RELATIONSHIP TO APPLICANT (I.E., FATHER, AUNT, FRIEND)

D. SPONSOR'S ADDRESS: _____
(PLEASE PRINT) NUMBER AND STREET CITY STATE/PROVINCE

_____
POSTAL CODE COUNTRY

SPONSOR'S TELEPHONE NUMBER: __ __ __ (__ __ __) __ __ __ - __ __ __ __
COUNTRY CODE CITY CODE

SPONSOR'S FAX NUMBER: __ __ __ (__ __ __) __ __ __ - __ __ __ __
COUNTRY CODE CITY CODE

SPONSOR'S E-MAIL ADDRESS: _____
(PLEASE PRINT)

E. SOURCE OF FINANCIAL SUPPORT: **AMOUNT FOR FIRST YEAR OF STUDY:**

Student's Personal Savings	$ _____(USD)
Funds from Family or Sponsor(s)	$ _____(USD)
Funds from Government or an Agency (INCLUDE A COPY OF THE AWARD LETTER)	$ _____(USD)
OTHER	$ _____(USD)
TOTAL DOLLARS MUST EQUAL AT LEAST THE CURRENT ACADEMIC YEAR COSTS	**$ _____(USD)**

SPONSOR(S) MUST PROVIDE COPIES OF THEIR *LAST THREE* BANK STATEMENTS

I certify that the information on this form is a true and accurate statement. The funds stated above will be provided for each year of study at Frostburg State University. *I understand that expenses are subject to increase at any time and that I should contact the University to determine current academic year costs.*

If the account is in more than one name, all account holders must sign below.

Signature of Sponsor(s) (or applicant if self-supporting) _____ Date _____

Additional Signature(s) (if needed) _____ Date _____

F. Return completed form to the address listed in the upper right corner of this form.