



## — Financial Information —

**1. Name** \_\_\_\_\_  
Last Name/Family Name First Name/Given Name Middle Name

**2. Country** \_\_\_\_\_  
Country of Birth (Where You Were Born) City of Birth Country of Citizenship

**3. Do You Have a Student Visa?** ☐ Yes ☐ No

If yes, please indicate type: ☐ Student (F1) ☐ Exchange visitor (J1) ☐ Other \_\_\_\_\_

### 4. Funding Source(s)

- **Personal Savings (if the bank statement is in your name)**

Bank Name City/State Country USD

- **Financial Support from Family Member(s) or Sponsor (signature required below)**

\_\_\_\_\_  
Last Name (Family/Surname) Middle Name First Name (Given Personal Name)  
**Relationship** \_\_\_\_\_ **U.S.\$** \_\_\_\_\_

I accept the financial responsibility of \_\_\_\_\_ for the entire duration of his / her study at WSU.  
Student's Name

**Signature of Sponsor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- **Financial Support from Government Agency, Private Foundation, University or Business**

**Name of Agency, Foundation, etc.** \_\_\_\_\_ **U.S.\$** \_\_\_\_\_

Enclose a signed and certified award letter. This letter must be dated within the past six (6) months of the application date and must state that you have already been approved to receive the support to study at Winona State University. The letter should include the amount of the award or the specific expenses that will be paid by the award.

- **Financial Support from a Sponsor in the U.S.**

Provide a bank statement and a letter written and signed by your sponsor. The letter should contain the name of the sponsor or organization, explanation of the relationship to the student and a statement of willingness to cover the student's expenses.

### 5. Dependent Information

☐ I plan to bring a dependent(s) with me

☐ I plan to come alone

\$5,000 additional financial certification is required for the first dependent and \$3,000 for each dependent thereafter, if dependents will join you. If you are planning to bring dependent(s) with you, send a copy of dependent's passport, and complete the information below:

\_\_\_\_\_  
Name Relationship Country of Birth Date of Birth

This form and other application documents become the property of Winona State University; these documents will not be returned.

By signing my name on this form I certify that the information above is a correct statement of my arrangement for financing my studies at Winona State University. I also understand that no U.S. government sponsored financial aid is available to F-1 students.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email the completed Financial Form to:** [is@winona.edu](mailto:is@winona.edu).

### For More Information:

**Web:** [www.winona.edu/internationalservices](http://www.winona.edu/internationalservices)

**Email:** [is@winona.edu](mailto:is@winona.edu)

507.457.5303

[www.facebook.com/WSUInternationalServicesOFFICE](https://www.facebook.com/WSUInternationalServicesOFFICE)

507.312.3984