

FUNDING *(See page 3 for instructions)*

Source of Funding	Amount of Funding (U.S. Dollars)			
	Assured Support First Year	Projected Support Second Year	Projected Support Third Year	Projected Support Fourth Year
Personal Sponsor #1 <i>(relative, friend or employer)</i> ❶ Name _____ Relationship to student _____				
Personal Sponsor #2 <i>(relative, friend or employer)</i> ❶ Name _____ Relationship to student _____				
Government/Agency Sponsor <i>(if applicable)</i> ❷ Name of Government, Educational Institute or Scholastic Organization: _____				
UW-Superior Non-resident Tuition Waiver ❸ <i>(indicate anticipated award)</i>				
TOTAL ❹	\$25,055	\$ _____	\$ _____	\$ _____

See the information Guidance for completing this Form

❶ FOR PERSONAL SPONSORS

Please, enclose *both* of the following *required* documents:

- 1) **Original bank statement or letter** with the following information:
 - a) opening date
 - b) deposits during the previous three-month period, and
 - c) current balance indicating enough funds to pay for the first year of assured support by the personal sponsor.

AND

- 2) Sponsors not in the U.S. must provide an **original letter of sponsorship** verifying their intention to cover the applicant's expenses for the duration of their studies in the U.S. Sponsors in the U.S. must submit an **Affidavit of Support** (U.S. Citizenship & Immigration Services Form I-134, available online at <http://uscis.gov/graphics/formsfee/forms/i-134.htm>).

❷ FOR AGENCY SPONSORS

Please, enclose the following required document: Your **ORIGINAL** award letter

- ❸ **UW-Superior Non-resident Tuition Waiver (NTW) Program.** If you are unsure about your anticipated NTW award amount, please contact international@uwsuper.edu to inquire.

❹ TOTAL

As required by U.S. immigration law, the total is an estimate of all related expenses (not just tuition, fees, room and meals) and includes estimates for living expenses, books, health insurance, and estimated travel and personal expenses. Note that the total is for the 2010-11 academic year. A 5% per year increase should be expected for each subsequent year.

Additional Notes on Completing the Funding Table

- ◆ Applicants are required to complete the table for the number of years they expect to study at UW-Superior. Freshman applicants must complete all four years. Transfer or 2nd undergraduate degree-seeking students must complete the expected number of years of attendance.
- ◆ The amount of support indicated for the personal sponsor(s), government/agency sponsor and UW-Superior NTW award must equal or exceed the total in the final row.
- ◆ Sponsors must submit personal financial/bank documents that show sufficient funds to pay for the amount assured as indicated for the *first year of study only*.

FINANCIAL/BANK DOCUMENTS MUST:

- ◆ **be original letters/statements with ink signatures and stamps** (photocopies and fax copies cannot be accepted)
- ◆ **be written in English** (or in original language accompanied by an official translation)
- ◆ **clearly indicate the currency**
- ◆ **include the sponsor's name exactly as it appears on this form**
- ◆ **be dated within six months of initial enrollment at UW-Superior**

Please note you should request additional original documentation to present to the U.S. Consulate or Embassy when requesting a student visa and to the immigration officials when entering the United States

FOR THE SPONSOR

This is to certify that I have read the information furnished by the applicant of this form, and that the funds are available and will be provided as specified. I am fully aware that any false or misleading statement may result in denial of admission or cancellation of registration following enrollment.

Print Name

Signature

Date

Telephone Number

Fax/Email

Address *Street and Number, City, Province/State, Postal Code and Country*

FOR THE APPLICANT

I hereby certify that all statements on this form are true and accurate and that the stated funds are available for my educational expenses at the University of Wisconsin-Superior. I will notify the University immediately of any changes in my financial circumstances. I understand that the submission of inaccurate information can be considered sufficient cause to terminate my application or enrollment. Furthermore, I understand that under the Family Education Right to Privacy Act, the UW-Superior Office of International Programs cannot release information about my file to anyone without my written permission.

Signature

Date

**PLEASE RETURN
COMPLETED FORM AND
ADDITIONAL REQUIRED
DOCUMENTS TO:**

**Office of International Programs
UW-Superior; Old Main 337
Belknap & Catlin
Superior, WI 54880-4500 USA**