

INTERNATIONAL STUDENT FINANCIAL STATEMENT FORM

This form is <u>not</u> an application for financial assistance. The Immigration and Naturalization Service requires an international student to show funds are available for the first year of study, and that adequate funding will also be available for subsequent years. **An official letter from a banking institution showing the amount of funds available must accompany this form. Your financial information will be used to ensure compliance with U.S. immigration policy and is necessary to create your immigration document (I-20).**

Annual Expenses for 2022/2023 Academic Year (9 months)/Source of Funding Available to Student

Note: These are approximate costs and are subject to change.

	City College	Undergraduate	Graduate	(Must be completed by the applicant)
Tuition & Fees	\$9,711	\$20,396	\$17,460	Organizational Support:
Books & Supplies	\$1,000	\$1,000	\$1,000	MSU Billings \$
Health Insurance	\$1,000	\$1,000	\$1,000	Government \$
Room & Board	\$8,088	\$8,088	\$8,088	Other \$
Expenses for Each Dependent	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to total cost if applicable)	Personal Funds: Student \$ Sponsor \$ \$1306 4
TOTAL ANNUAL	\$19,799	\$30,484	\$27,548	Total Funds: 0 \$ 1 3 0 6 4

Family/Sponsor Certificati	on		and the study at MSII
Billings. This commitment will cor an official bank letter accompa- financial assistance to the studen	ntinue for the duration of the studinies this statement. I also under t.	stated above to the student for the lent's course of study. The evidenc stand that it is not the responsibility Relationship to Student	y of MSU Billings to provide
Name of Sponsor JAGIR			
Address of Sponsor VPO M.	TANI BHAGUPUR	JAN, BHOLATH, N Date n/11/	2022
• 1	a. I. (This is forwarding will	ha listed on the L-20 or DS-2019 form	
	Date of Birth (MM/DD/YYYY)	be listed on the I-20 or DS-2019 form Country of Birth	Relationship to Applicant
(Family Name in Caps)	Date of Birth (Mixi) DD/11117		
			*
understand that I am responsi	ble for any debts incurred while	ement of my arrangements for fire attending Montana State Univenture Hanfueet Kaur	nancing my studies and I rsity Billings. Date 17/11/2022



FINANCIAL STATEMENT FORM

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Annual Expenses for 2022/2023 Academic Year (9 months)/Source of Funding Available to Student

Note: These are approximate costs and are subject to change.

Family/Sponsor Certification

	City College	Undergraduate	Graduate	(Must be completed by the applicant)
Tuition & Fees	\$9,711	\$20,396	\$17,460	Organizational Support:
Books & Supplies	\$1,000	\$1,000	\$1,000	MSU Billings \$
Health Insurance	\$1,000	\$1,000	\$1,000	Government \$
Room & Board	\$8,088	\$8,088	\$8,088	Other \$
Expenses for Each Dependent	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to total cost if applicable)	Personal Funds: Student \$ Sponsor \$ \$ 5677.09
TOTAL ANNUAL COST	\$19,799	\$30,484	\$27,548	Total Funds: 0 \$ 5077.09

I certify that the above inforn	nation provided is a correct statemer sible for any debts incurred while att	nt of my arrangements for fil ending Montana State Unive	nancing my studies and I ersity Billings.
			*
- X			
Complete Name (Family Name in Caps)	Date of Birth (MM/DD/YYYY)	Country of Birth	Treatment of the second
	pany Student (This information will be lis	ted on the I-20 or DS-2019 form Country of Birth	Relationship to Applicant
Signature of Sponsor			
Address of Sponsor VPO MI	AMI BHALVPURIAN	Date 17/11/2	AND THALL
Name of Sponsor_JASWI	NDER SINGH RE	lationship to Student	KALIO TILLI
inancial assistance to the stude			



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Health Insurance	\$1,000	\$1,000	\$1,000	Government \$
Room & Board	\$8,088	\$8,088	\$8,088	Other \$
Expenses for Each Dependent	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to total cost if applicable)	\$5,000* (Add to · total cost if applicable)	Personal Funds: Student \$ Sponsor \$ 915674.4
TOTAL ANNUAL COST	\$19,799	\$30,484	\$27,548	Total Funds: 0 4 15674 , 4

Family/Sponsor Certifica	tion		
This is to certify that I have agree Billings. This commitment will commitment will commitment.	ed to provide the amount of funds state ontinue for the duration of the student anies this statement. I also understar	's course of study. The evidence	ce of my resources in the form of
Name of Sponsor PARAI	MJIT KAUR RE	elationship to Student Mo	THER
Address of Sponsor MO M Signature of Sponsor	MI BHAGUPURIAN	Date 17/11/2	KAPURTHALA
* Dependents Planning to Accom	pany Student (This information will be li	sted on the I-20 or DS-2019 form)
Complete Name (Family Name in Caps)	Date of Birth (MM/DD/YYYY)	Country of Birth	Relationship to Applicant
			*
understand that I am respons	nation provided is a correct stateme ible for any debts incurred while att	ending Montana State Unive	

California State University, Sacramento

Affidavit of Financial Support for International Students (F-1)

The Immigration and Naturalization Service requires that all students provided evidence of adequate funds to meet the financial obligations of enrollment at a U.S. university. Thus, you must complete all areas of this affidavit that apply, including original signatures. The combined U.S. dollar amount from your sponsor(s) must equal or exceed the minimum listed on the instruction sheet. Bank verification of funds must not be older than six months. PLEASE NOTE YOUR APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WITHOUT THIS FORM AND A BANK VERIFICATION FROM YOUR FUNDING SOURCE STATED IN U.S. DOLLARS.

PERSONAL INFORMATION			
Family/Last Name (Name on passport)			First Name (Name on passport)
FNU			HARPREET KAUR
Country of Birth	Country of Citizenship		Date of Birth (month/day/year)
INDIA	INDIA		05/02/2000
Term applying for Fall Spring	2023		harbreitkam 4503 ende @ mail Cu
SELF, SPONSOR, OR GOVERNMENT FUNDING	3		0
Please check all appropriate boxes:			Assured amount in U.S. Dollars
Self			In US Dollars
Sponsor (Parents, Relative, others)* R.E.	LA.T.I.V.E		in USDollars
JAGIR SINGH	certify that I will assum	e full financia	al responsibility, including educational and living expenses for
HARPREET KAUR		while he/she	is enrolled at California State University, Sacramento.
(Name of Student) Signature of Sponsor			Relationship to applicant
Jagir Singh			CHRAND PATHER
Address	City/Country	Zipcode	Telephone Number
UPO MIAMI BHAGUPURIAN	NANGAL		+918146934178
* If a sponsor other than a parent is providing all or pa			ned by the sponsor must accompany this form that specifies the
terms of the support, the U.S. dollar amount to be cover	ered for tuition and/or l	iving expense	es, and the duration of the sponsorship.
Government or other Organization Scholarship*	Source of Scholarship		U.S. Dollars
	gned copy of the award	l letter on org	schools and departments, athletic scholarships, and approved anizational letterhead that specifies in English the terms of the arration of the sponsorship.
Additional Funding from another source: If someon Signature of Sponsor			
Address	City/country	Zipcode	Telephone Number
Addition	Chy/county	Lipodo	The state of the s
F-2 DEPENDENT INFORMATION			
Applicants who plan to bring dependents please con	nplete the following:		
If you are married and plan to have your dependent(s)	live in the U.S. while y		ing California State University, Sacramento, you will need to
include in your calculation of academic years costs, the			
Family / Last Name Fir Spouse	st Name	Middle Name	Gender Date of Birth Country of Birth Country of Citzenship
Child			
Child			
Child Child			7 - 47 - 7
Child	ete and accurate I un	derstand that	providing false or misleading information can result in the denia
Child			providing false or misleading information can result in the denia or deportation from the United States.

California State University, Sacramento

Affidavit of Financial Support for International Students (F-1)

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Term applying for Fall Spring Vest JNDJA Term applying for Fall Spring	PERSONAL INFORMATION		
Term applying for Fall Spring Select Sponsor (Parents, Relative, others)* Assured amount in U.S. Dollars	Family/Last Name (Name on passport)		First Name (Name on passport)
TNDIA TN	FNU		
SELF, SPONSOR, OR GOVERNMENT FUNDING Please check all appropriate boxes: Self Sponsor (Parents, Relative, others)* LARENT certify that I will assume full financial responsibility, including educational and living expenses for while he/she is enrolled at California State University, Sacramento. Relationship to applicant the sponsor other than a parent is providing all or partial financial assistance, a letter signed by the sponsor must accompany this form that specifies the terms of the support, the U.S. dollar amount to be covered for tuition and/or living expenses, and the duration of the sponsorship. Gevernment or other Organization Scholarship* This includes embassies, government loan agencies, government contract agencies. CSU schools and departments, athletic scholarships, and approved monor-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the support, the U.S. dollar amounts to be covered for tuition and/or living expenses and the duration of the sponsorship. Additional Funding from another source: If someone provides room and board at no expense to you, list that person's name and address. Sponsor Sponsor Additional Funding from another source: If someone provides room and board at no expense to you, list that person's name and address. Sponsor Sponsor Franky/Lan Name Cayucustry Provident Market California State University, Sacramento, you will need to include in your calculation of academic years costs, the amounts of \$3,000.00 for your spouse and \$3,000.00 each child. Provident Market California State University, Sacramento, you will need to include in your calculation of academic years costs, the amounts of \$3,000.00 for your spouse and \$3,000.00 each child. Cadd Cadd Cadd Cadd Cadd Lertify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the den Lertify that the statements made above are true	Country of Birth INDIA		
Sponsor (Parents, Relative, others)*	Term applying for Fall Spring		
Self Sponsor (Parents, Relative, others)*	SELF, SPONSOR, OR GOVERNMENT FUNDIN	G	
Sponsor (Parents, Relative, others)*	Please check all appropriate boxes:		
certify that I will assume full financial responsibility, including educational and living expenses for while he/she is enrolled at California State University, Sacramento. **Made			
while he/she is enrolled at California State University, Sacramento. Relationably to applicant FATTERIA GRADIEST KAUR TAWARD GRADIEST KAUR TAWARD GRADIEST KAUR TAWARD GRADIEST KAUR Towards Gradiest Gradie	Sponsor (Parents, Relative, others)* P.A.R.B.	NT	In USDollars So52.31
Relationship to applicant FATHER Telephone Number LyGuestry This includes embassies, government loan agencies, government contract agencies, CSU schools and departments, athletic scholarships, and approved mon-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the support, the U.S. dollar amounts to be covered for tuition and/or living expenses, and the duration of the sponsorship. Source of Scholarship This includes embassies, government loan agencies, government contract agencies, CSU schools and departments, athletic scholarships, and approved mon-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the support, the U.S. dollar amounts to be covered for tuition and/or living expenses and the duration of the sponsorship. Additional Funding from another source: If someone provides room and board at no expense to you, list that person's name and address. Separate of Sponsor Number Telephone Number Templor Last Name Country of Citario Sponsor Number Templor Last Name First Name Middle Name Gender Date of Binh Country of Binh Country of Citario Child Child Child Child Child Lecritify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the den Lecritify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the den Lecritify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the den	I, JASNINDFR SINGH	certify that I will assume full finance	cial responsibility, including educational and living expenses for
Task powers of the support, the U.S. dollar amount to be covered for tuition and/or living expenses and the duration of the sponsorship. Source of Scholarship This includes embassies, government loan agencies, government contract agencies, CSU schools and departments, athletic scholarships, and approved non-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the support, the U.S. dollar amounts to be covered for tuition and/or living expenses and the duration of the sponsorship, and approved non-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the support, the U.S. dollar amounts to be covered for tuition and/or living expenses and the duration of the sponsorship. Additional Funding from another source: If someone provides room and board at no expense to you, list that person's name and address. Separated Name F-2 DEPENDENT INFORMATION Applicants who plan to bring dependents please complete the following: If you are married and plan to have your dependent(s) live in the U.S. while you are attending California State University, Sacramento, you will need to include in your calculation of academic years costs, the amounts of \$3,000.00 for your spouse and \$3,000.00 each child. Family / Last Name First Name Middle Name Gender Date of Birth Country of Birth Country of Citaess Spouse Child Child Child Child Child Child Lectrify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the den	HARPEFET KAUR	while he/sh	e is enrolled at California State University, Sacramento.
*If a sponsor other than a parent is providing all or partial financial assistance, a letter signed by the sponsor must accompany this form that specifies the terms of the support, the U.S. dollar amount to be covered for tuition and/or living expenses, and the duration of the sponsorship. *This includes embassies, government loan agencies, government contract agencies, CSU schools and departments, athletic scholarships, and approved non-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the support, the U.S. dollar amounts to be covered for tuition and/or living expenses and the duration of the sponsorship. *Additional Funding from another source: If someone provides room and board at no expense to you, list that person's name and address. *Sponsor* Name* Capicountry	Signature of Sponsor		
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Government or other Organization Scholarship* Source of Scholarship This includes embassies, government loan agencies, government contract agencies, CSU schools and departments, athletic scholarships, and approved non-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the support, the U.S. dollar amounts to be covered for tuition and/or living expenses and the duration of the sponsorship. Additional Funding from another source: If someone provides room and board at no expense to you, list that person's name and address. Sponsor's Name Telephone Number Telephone Numbe	VPOMTAME BHAGUPURJAN	. 411 01 01 01	
Source of Scholarship *This includes embassies, government loan agencies, government contract agencies, CSU schools and departments, athletic scholarships, and approved non-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the support, the U.S. dollar amounts to be covered for tuition and/or living expenses and the duration of the sponsorship. Additional Funding from another source: If someone provides room and board at no expense to you, list that person's name and address. Squamer of Sponsor Sponsor's Name	* If a sponsor other than a parent is providing all or p	artial financial assistance, a letter si	gned by the sponsor must accompany this form that specifies the
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Address Caylocountry Cayloco	Government or other Organization Scholarship*	Jourse of Contract	
Address Caylocutery Caylo	mon-resident tuition waivers. Please send an original	signed copy of the award letter on o	rganizational letterhead that specifies in English the terms of the
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Family / Last Name First Name Middle Name Gender Date of Birth Country of Birth Country of Citzens Spouse Child Child Light Child Light Child Light Child Light Country of Birth Country of Citzens Light Child Light Country of Birth Country of Citzens Light Child Light Country of Birth Country of Citzens Light Child Light Country of Birth Country of Citzens Light Child Light Country of Citzens	If you are married and plan to have your dependent(s include in your calculation of academic years costs, t) live in the U.S. while you are atter the amounts of \$3,000.00 for your sp	nding California State University, Sacramento, you will need to pouse and \$3,000.00 each child.
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Child Child Light that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the den	Spouse		
Child I certify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the den	Child		
I certify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the den	Child		
I certify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the den	Child		
I certify that the statements made above are true, complete and accurate. I understand that providing faise of infisieding information can result in the definition or if admitted in my disensellment for California State University and / or deportation from the United States.		- lete and a sounds. I am denote a delic	at providing false or misleading information can result in the deni-
	I certify that the statements made above are true, con	t for California State University and	or deportation from the United States.

California State University, Sacramento

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PERSONAL INFORMATION			
Family/Last Name (Name on passport)			First Name (Name on passport)
Country of Birth	Country of Citizenship		Date of Birth (month/day/year)
INDIA	INDIA		05/02/2000
Term applying for Fall Spring	Year 2023		harfreetkay 4503 inlig @ gmoul Can
SELF, SPONSOR, OR GOVERNMENT FUNDING	G		
Please check all appropriate boxes:			Assured amount in U.S. Dollars In US Dollars
Self			
Sponsor (Parents, Relative, others)* PAK	ENT		In USDollars \$ 15.597-9
I, PARAMJIT KAUR Sponsor's Name	certify that I will assun	ne full financial re	responsibility, including educational and living expenses for
HARPRET KAUR		while he/she is e	enrolled at California State University, Sacramento.
Signature of Sponsor			Relationship to applicant
Varenit Cour	City/Country	7:1	MoTHER Telephone Number
VPO MIAMI BHAGUICKIAN	KAPURTHALA	Zipcode	1918144934178
* If a sponsor other than a parent is providing all or pa	artial financial assistanc	e, a letter signed	by the sponsor must accompany this form that specifies the
terms of the support, the U.S. dollar amount to be covered to the support of the		living expenses, a	
Government or other Organization Scholarship*	Source of Scholarship		U.S. Dollars
	igned copy of the awar	d letter on organi	ools and departments, athletic scholarships, and approved izational letterhead that specifies in English the terms of the tion of the sponsorship.
Additional Funding from another source: If someon	ne provides room and b		se to you, list that person's name and address.
Signature of Sponsor		Sponsor's Name	
Address	City/country	Zipcode	Telephone Number
T			
F-2 DEPENDENT INFORMATION			
Applicants who plan to bring dependents please co			
If you are married and plan to have your dependent(s) include in your calculation of academic years costs, the	The state of the s	And the second s	California State University, Sacramento, you will need to and \$3,000.00 each child.
	rst Name	Middle Name	Gender Date of Birth Country of Birth Country of Citzensl
Spouse			
Child			
Child			
Child			i i i i i i i i i i i i i i i i i i i
I certify that the statements made above are true, comp	plete and accurate. I un	derstand that pro-	viding false or misleading information can result in the deni
of my application, or if admitted in my disenrollment			deportation from the United States.
Applicant's signature:			Date: 1 99 2029



Release of Information Declaration

Please print all items except signature

	(Student's Full Name)
1, HARPREET KAUR	(Students) and the
born on 02/05/2000	(Date of Birth), herby declare that
	(Name of individual or agency)
	(Address)
	(E-mail)
is authorized to inquire about and have access to information at I hereby authorize Murray State University to discuss my application named individual until further written and signed authorization. In addition, I request that you send all correspondence about a individual and me to further expedite my application process.	my application to both the above named
Harfreet Kaur Signature of Student	10/27/2022 Date (mm/dd/yyyy)

STATEMENT OF EQUAL OPPORTUNITY

Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. For more information, contact the Director of Equal Opportunity, Murray State University, 103 Wells Hall, Murray, KY 42071-3318. 270.809.3155 (voice), 270.809.3361 (TDD).