Ohio University Financial Support Form

Ohio University Personal Identification Number (if known)_______________________

Applicant’s Name Exactly as it Appears on Passport

LAST/FAMILY NAME __________________________ FIRST/GIVEN NAME __________________________ MIDDLE NAME __________________________

Date of Birth ______/_____/______ Gender Male _____ Female ______

City of Birth __________________ Country of Birth __________________ Citizenship Country __________________

Are you currently in the U.S. on a student visa? ______ If YES, what is your current visa status? ______
Name of U.S. Institution listed on your I-20/DS-2019 __________________

Funding information: The total support necessary for your first year of study must be documented and available. If you will be bringing your spouse or children to the U.S. as dependents, you must also document funding for each dependent to cover their health insurance and living expenses. If any funds are being provided by a sponsor, the sponsor must fill out and sign the information requested on the second page of this form. (See Financial Support Form Instructions for additional information.)

Identify your Source of Funds (Show approximate amount of funds in U.S. Dollars)

Personal Funds $ __________________ (Submit a recently issued official bank certified statement or bank certified letter)
Family Funds $ __________________ (See page 2 for further instructions)
Other Sponsor Funds $ __________________ (See page 2 for further instructions)
Business or Corporation Funds $ __________________ (See page 2 for further instructions. A promise of sponsorship should be stated on the sponsoring organization’s letterhead and signed by all owners)

☐ Government Funding (Must submit official letter indicating applicant’s name, current date, name of university student is attending, name and level of program being supported, length of support, and list all expenses that will be covered, to include dependent expenses)

☐ I have been officially notified by __________________ in the ____________ program that I will be receiving funds from Ohio University in the form of an Assistantship/Fellowship/Graduate Recruitment Scholarship

(See estimated expense amounts at https://www.ohio.edu/graduate/prospective-students/tuition - Additional funds required for all dependents)

Dependent information – if spouse or children will be traveling with you (Please send a copy of all dependent passports):

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<th>Full Legal Name</th>
<th>Relationship</th>
<th>Birth Date (mm/dd/yy)</th>
<th>Gender</th>
<th>City and Country of Birth</th>
<th>Country of Citizenship</th>
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Applicant - Please read and sign the following pledge:

I, ______________________________ (applicant’s printed name), hereby promise that the information provided is correct and complete. I understand that I am ultimately responsible for my expenses for the length of my stay in the United States.

Applicant’s Signature: ___________________________ Date: ___________________________
Sponsor(s) Support Agreement for ________________________ (Applicant’s full name)

To be filled out by family member sponsor and/or individual sponsors. Please complete the following information and sign below if you are willing to sponsor the student’s educational and living expenses (and dependents if applicable) for at least one year of study (two semesters) at Ohio University.

Submit a recently issued official bank certified statement or bank certified letter showing the current date (no earlier than one year before the start date of the first term), type of account, account number, balance of the account and the type of currency on the account. The balance of the account must be equal to or greater than the amount in U.S. dollars you are providing for the student’s support. (See Financial Support Form Instructions for additional information.) ALL BANK STATEMENTS MUST BE SCANNED AND SUBMITTED TO THE GRADUATE COLLEGE IN COLOR.

Sponsor 1:
Name of Sponsor: _____________________________________
Sponsor’s Relationship to Applicant: _____________________________________
Mailing Address of Sponsor: __________________________________________________________________________
Amount of support being provided: $ ________________ USD
Signature of Sponsor:___________________________________   Date_____________

Sponsor 2:
Name of Sponsor: _____________________________________
Sponsor’s Relationship to Applicant: _____________________________________
Mailing Address of Sponsor: __________________________________________________________________________
Amount of support being provided:  $________________USD
Signature of Sponsor:___________________________________   Date______________

• BUSINESS OR CORPORATION SPONSOR- Owner(s) must submit an original letter on company letterhead stating they are sponsoring you, the total value of that sponsorship, and list all owners’ names. All owners are required to sign the letter. If one individual owns the business/corporation, the letter must indicate that person is the sole owner. Must submit a bank certified letter stating the current date, name of business, type of account (checking, savings), account number and the current balance of the account expressed in USD. The letter must be scanned in color.
Name of Corporation or Business: ___________________________________________________________________
Amount of support being provided: $ ________________USD

The Graduate College airmails all I-20s being mailed overseas.

OR
If you prefer your I-20 be shipped by a service that offers quicker delivery, you may choose to have your I-20 shipped by eShip Global. eShip Global works with UPS, FedEx, and DHL. If you decide to use eShip Global, you will be responsible for the shipping payment, which often comes at reduced prices. To register for eShip Global, please follow the instructions at https://www.ohio.edu/graduate/prospective-students/international-students/newi2019.

OR
If you would like your I-20 mailed to someone living in the US (outside of Athens OH) clearly write the information below.
Name __________________________________ Street Address _____________________________
City_________________________________ State_______________  Zip/Postal Code __________________

OR
If you wish for your I-20 to be picked up by an Ohio University student or a friend living in Athens Ohio, please write the person’s full name and email address below and the Graduate College will contact them when the I-20 is available for pickup. Person picking up I-20 will be required to show photo identification.
Name _____________________________________________Email Address ______________________________