Undergraduate Studies
Financial Statement of Support for International Applicants

Please complete this form. Request your bank or sponsor to attach the required documents to it.
The Financial Statement of Support packet should be mailed to:
Colorado School of Mines
International Student & Scholar Services
1600 Maple Street
Golden, CO  80401

Fund Source
Please complete the appropriate section(s) showing the amount of funding you have available for your first year of study (12 months). The amount(s) must total $42,412 for a single student. You must add $5,200 per year for your spouse and $3,200 per year for each child. These amounts should cover your tuition, fees, books, insurance and estimated living expenses for one year.

- **Personal**

  Type of Account: ______________________________  Amount available: $_______________ (US currency)

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  *We require a bank statement showing your average daily balance for the previous 6 months and the type of account in which the funds are being held. The fund amounts should be converted to US currency.*

- **Government, College/University, Company/Employer or International Organization**

  Name of Sponsor: ____________________________________________________  

  Amount of Sponsorship: $__________________(US currency)  

  Length of Sponsorship: ____________________

  *An official letter from your sponsor must accompany this form detailing the award. The fund amounts should be converted to US currency.*

- **Family or Other Source**

  Name of Family member and/or Other Sponsor:  

  Amount: $_______________ (US Currency)  

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  Amount: $_______________ (US Currency)

  *Each family member or ‘other sponsor’ must submit a bank statement showing the average daily balance for the previous 6 months and the type of account in which he funds be being held. The fund amounts should be converted to US currency.*

  *Each family member or ‘other sponsor’ must also submit an Affidavit stating that they agree to sponsor you, the length of time their sponsorship covers and the amount of support per year. This affidavit MUST be notarized.*

Applicant Name: ___________________________________  Birth Date: _____________________  

Year(s) of funding: 20____, 20____  

The information given below, to the best of my knowledge, is true and accurate.

Signature of applicant: ____________________________