

The Sage Colleges

ALBANY | TROY | ONLINE

INTERNATIONAL STUDENT FINANCIAL STATEMENT

Part 1: Write in ink or type

Official Use Only

- Name of Applicant:
Mr. or Ms. _____
(Family Name) (First, Given) (Middle)
- Permanent Address: _____
- College to which you are applying: _____
- Major Field/Department: _____
- Degree for which you are applying: _____
- I expect my program of study to take: _____ years to complete.
- I expect to begin my program of study at The Sage Colleges in ____/____.
Month Year
- Birthdate: ____/____/____
Month Day Year
- Country of Citizenship: _____
- I plan to come without dependents.
 The following dependents will accompany me (list names and relationships):
____ Date of Birth ____ Country of Birth ____
____ Date of Birth ____ Country of Birth ____
- Does your country restrict dollar exchange? Yes No
What is the maximum dollar amount permitted for a student?
\$ _____

| |
|--------------------------|
| Tuition & Fees: \$ _____ |
| Total: \$ _____ |

- Total amount of U.S. dollars you expect to bring with you upon arrival (tuition, books, room, meals must be paid at the beginning of each semester)
\$ _____
- Do you have a source within the U.S. for emergency funds once you arrive in this country? Yes No
- If yes, name source _____
Amount available in U.S: \$ _____

Part II Complete each relevant item below. Sign and date the form after (C).

Enter amount of assured support available for each year of study in U.S. dollars (The amount written must cover all tuition and fees.)

| Source of Funds | Year 1 | Year 2 | Year 3 | Year 4 | Required Verification |
|---|--------|--------|--------|--------|--|
| <i>Personal Savings</i> Name of Bank: _____ Account Holder: _____ | \$ | \$ | \$ | \$ | 1. Bank Statement 2. Complete (A and C) on back |
| <i>Family/Relative/Sponsor</i> Name: _____ Name: _____ Name: _____ | \$ | \$ | \$ | \$ | 1. Bank Statement 2. Complete (A and C) on back |
| <i>Scholarship/Loan</i> Awarded by: _____ _____ | \$ | \$ | \$ | \$ | 1. Official Award Letter 2. Loan Approval Letter 3. Complete (C) on back |
| <i>Government/Employer/Other</i> Name of Sponsor: _____ Other (specify source & type of support): ____ _____ | \$ | \$ | \$ | \$ | 1. Official letter of support 2. Bank statements, affidavits, or sworn, statements 3. Complete (C) on back |
| <i>Totals</i> | \$ | \$ | \$ | \$ | |

VERIFICATION:

A. This is to verify that the funds indicated on this statement are on deposit or are being held in the name of the applicant, his/her family members, or sponsors (named above) at the savings institution named below. (Verification of amounts is without liability for the bank or its officials). Attach separate statement of accounts with the official signature/seal.

Name of Bank _____ Date _____

Bank Official's Title _____ Bank Official's Signature/Seal _____

B. This is to certify that I (we) the undersigned have agreed to provide the funds indicated on this statement to the applicant for the purpose of full-time study at Sage listed above and that I (we) are submitting bank statements indicating the availability of these funds. I (we) further understand that Sage cannot provide ANY financial assistance to the applicant and that I (we) must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the College for non-payment.

Sponsor Signature _____ Date _____

Relationship to Applicant _____

Sponsor Signature _____ Date _____

Relationship to Applicant _____

C. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant's Signature _____ Date _____

**Return this form with all additional documentation directly to the
Office of Admission Processing
140 New Scotland Avenue, Albany, NY 12208, USA
Phone: 001.518.292-1730
Fax: 001.518.292-1912**