

Bismarck State College Declaration of Finance

International Students: All Countries Except Canada, Norway

International students sponsored by BSC for a student visa must document their ability to meet all educational and living expenses for the first year of their intended study before Bismarck State College can issue a Certificate of Visa Eligibility form I-20, per U.S. immigration regulations.

Although a student must only show proof for the first year of study, funding must be available for your entire course of study from your personal or sponsored funding sources. International students sponsored by BSC for a student visa are NOT eligible for Title IV financial aid, and U.S. Federal Immigration regulations restrict international student employment, therefore students should not expect to subsidize their studies by earning income in the United States. International students may apply for BSC's International Student Tuition Waiver after they have completed the declaration of finance and been accepted as a BSC student.

International Student Health Insurance

According to NDUS Policy 505, purchasing international student health insurance is required for all international students other than those from Canada or Norway. All international students will be required to enroll in the NDUS Student Health Insurance Plan administered by UHCSR and will receive information from UHCSR regarding enrollment.

Student Health Insurance premiums are due no later than the 6th week of the regular semester. The charge will be placed on the student account prior to semester start. Students who fail to meet the payment deadline for their insurance premium will have their enrollment cancelled. Their student visa may also be revoked requiring the student to leave the country immediately.

Tax Information

Please be aware if you are considered a nonresident in the United States, you may be subject to 1042 tax withholding. Taxable income occurs when scholarships and waivers awarded are more than tuition, fees, and required books. All excess awards over the required charges are deemed taxable by the United States Internal Revenue Service.

1042 tax amounts are determined on your account each semester. If an amount of 1042 tax applies to you, a charge will be placed on your Campus Connection Student Account and a detailed email will be sent out, as well. Bismarck State College acts solely as the withholding agent. It is not the practice or policy of Bismarck State College to provide tax advice. You should consult your tax professional concerning your situation.

Instructions

This form is to be used by international applicants who are not residents of Canada or Norway.

Complete the form in its entirety in English and using U.S. dollar (USD) amounts. You must answer all questions completely.

Step one: Personal and Dependent Information

Name as it appears on your passport: _____

Country of Citizenship: _____ Date of Birth (mm/dd/yyyy): _____

Permanent mailing address (in home country- must be your own address and not that of a relative. P.O. box not permitted)

Street: _____ City: _____

Province or State: _____ Country: _____ Postal Code: _____

Admit Term: Fall Spring 20__

Program of Study: _____

How long do you plan on studying at Bismarck State College? 1 year 2 years 3 years

Does your country have currency restrictions that limit the amount of money that may be released to you each year in U.S. dollars? Yes No If yes, please specify the amount allowed and for what period of time:

What is the currency type and current rate of exchange for U.S. dollars in your country?

\$1 (U.S) = _____

Do you have any dependents that will come with you to the U.S.? Yes No

If yes, list name, relationship, birthdate, and country of birth of each.

(You must show sufficient funds to cover your dependents' living expenses while in the U.S. Expenses to be shown are \$4,000 for a nonstudent spouse, \$1,500.00 for the first child, and \$1,000 for each additional child.)

Name	Relationship	Birthdate	Country of Birth	Passport # (if available)

Step two: Source of Funds

In the first column, indicate the source of your funding. In the column headed Year 1, indicate the amount (in U.S. dollars) available for each year of study. Your total support from all sources must equal or exceed the total dollar amount for your expenses plus that of any dependents.

Each sponsor must verify these amounts by signing the form. Be sure to include supplementary documents as indicated and provide official documentation of funding. Bank documents must show all deposits and withdrawals from the last six months.

These documents will be kept by Bismarck State College and will not be returned to the student. You are encouraged to keep copies of all financial documents submitted to BSC. The United States Consular office will require this information when you apply for your visa.

BUDGET (Academic Year)	
Tuition	\$9,116.00
Fees	\$1,080.00
Room & Board	\$8,272.00
Student Health Insurance	\$2,369.00
Misc Expenses (estimate)	\$3,000.00
Total (Based on 15 credit hours)	\$23,837.00

***Please note tuition and fees are based on most current figures provided to BSC, according to Category 1 tuition. Separate academic program tuition/fees may apply and additional incurred per credit.*

Are you planning to live on campus? Yes No

How much money will you bring with you upon arrival to the U.S.? _____

How many years are you guaranteed this financial support? 1 year 2 years 3 years

SOURCE OF FUNDS	YEAR 1 – Amount of Support (USD)	REQUIRED DOCUMENTATION
Personal Savings:	\$	Attach a statement of account from bank showing all deposits and withdrawals from the prior 6 months
Name of Bank:		
Account Holder:		
Other Self-support:	\$	Attach statement from employer or documentation of other income
Salary while on leave of absence:		
Other income:		
Family/Relative/Sponsor:	\$	Attach sponsor and bank official's signature on documentation of bank information.
Name:		
Savings:		
Salaries:		
Other Income:		
Scholarship or Waiver Name:	\$	Attach a letter from the sponsoring agency providing scholarship or waiver award details.
Scholarship 1:		
Scholarship 2:		
Scholarship 3:		
Other Support:	\$	Attach a letter from the person or organization giving details of support.
Type and Source:		
Total:	\$	Must equal or exceed \$23,837.00 plus any additional funding for dependents as appropriate.

Step three: Verification of information provided.

Have each respective party complete the bank account and sponsor certification fields. Sign the form as the student.

Please note: Your admission will not be processed without an official signature and certification from point of origin of funds (bank).

<p align="center">Bank Official's Certification</p> <p>This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available. This does not constitute a guarantee on the part of the bank.</p> <p>Name of Bank:</p>	<p align="center">Financial Sponsor's Certification</p> <p>This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, that the funds are available, and that I will provide them as indicated.</p> <p>Sponsor's name:</p>
Bank Official's Name:	Signature:
Bank Official's Title:	Address:
Bank Official's Signature:	
<p>Place stamp of bank over signature.</p> <p>Date: ____/____/____</p> <p>Please provide original or certified copy of bank statement.</p>	<p>Relationship of Sponsor to Student:</p> <p>If sponsor resides in U.S., please indicate citizenship or immigration status: U.S. Citizen <input type="checkbox"/> Immigrant <input type="checkbox"/> Non-Immigrant (visa type) <input type="checkbox"/> _____</p> <p>Please provide original or certified copy of bank statement.</p>

My signature on this Declaration of Finance form indicates that I understand that I am responsible for all tuition, fees, and living expenses that I incur during my attendance at Bismarck State College and that with the exception of any scholarship or assistantship already offered to me by the college, I do not expect Bismarck State College to provide me with financial assistance or employment. I also certify that the information provided here is correct and complete.

I have also read and understood that as an international student at BSC I may be subject to 1042 tax withholding. If an amount of 1042 tax applies to me, I will be responsible for the charge that appears on my account.

I also understand that if I fail to pay my student health insurance premium by the sixth week of the regular semester I will be administratively withdrawn from my courses and my student visa may be revoked.

Student's printed name: _____

Student's signature: _____

Date (mm/dd/yyyy) ____/____/____

Return this form to:

**Bismarck State College International Admissions
 PO Box 5587
 Bismarck, ND 58506-5587
 U.S.A.**