Financial Certificate
for International Students

2101 Trinity Road, Duluth MN 55811
218-733-7617 • 1-800-432-2884

Applicant (Please PRINT.) I, _______________________________,
Certify that the total amount of money that I have available for my expenses is $_______________.
(This must be $21,139.20 USD or higher.)

SOURCES:
$__________ Family $__________ Friends or Relatives $__________
My Government $__________ Personal Savings $__________
Other - Please specify: __________________________________________________________

Applicant Signature: ________________________________________________________
Subscribed and sworn before me this _____ day of ________________, 20__.

Notary’s Name (print) ______________________________________________________
Signature of Notary Public ____________________________________________________
Notary’s Address ____________________________________________________________
My Commission Expires __________________________

Documentation must be received to support your statement above. Family, friends, or relatives
supporting you financially must sign this form. If your government is sponsoring you, we must receive
documentation of the sponsorship.

Personal savings: A statement from your bank showing deposits, withdrawals and the account balance in
U.S. dollars must be sent along with this form. Proof of any other type of source of financial support must
be submitted along with this form.

Sponsor (Please PRINT.) I, ______________________________, certify that the information furnished by the
applicant above is a true and correct statement of the financial resources that I will make available for
his/her study in the United States.

Sponsor’s Signature: ______________________________________________________
Subscribed and sworn before me this _____ day of ________________, 20__.

Notary’s Name (print) ______________________________________________________
Signature of Notary Public ____________________________________________________
Notary’s Address ____________________________________________________________
My Commission Expires __________________________

Please return this form to the International Admissions Representative, international@lsc.edu.