IOWA STATE UNIVERSITY

OF SCIENCE AND TECHNOLOGY

Financial Statement for International Applicants

Studen	t's name	e:Kaur	Shivnoor							
(FAMILY/SURNAME) Birthdate: 12-19-2004			(FIRST/GIVEN)			(MIE	DDLE)			
	Birthdate	9: 12-19-2004 (MM/DD/YYYY):	Gender Male	☐ Fe	male 🗸					
City of birth: Nabha, Punjab			Citizenship country: India							
Country	y of birth	n: India	Country of residence: India							
If family me Provide the	mbers v	will accompany you to the US on F-2 or J-2 visa(s), you ation below for the visa eligibility form, and attach copie	must show that you have sufes of their passports.	ficient fun	ds to cove	er their	living e	xpense	es.	
RELATION	SEX	LAST NAME, FIRST NAME	BIRTHDATE B	IRTH CIT	Y & COU	NTRY	(CITIZEI	NSHIP	
Spouse										
Child	1.									
Child		•								
If you will hold a J-1 visa, please check the box below that best describes your last activity in your home country. (If you are already in the U.S. on a J-1 visa, include a photocopy of your current DS-2019 Form in your supporting materials.) Student: Secondary University; Employed: Gov't. Private Other (complete below): Position title:										
r osition title	<u>' </u>		Name of employer:							
IEOP-1 yr; the first yea	Certificar's expe	pendents accompanying you for each year of attendance or opiniate box under "Years Provided" using the following te-1 yr. Private sponsors should attach a bank statem nses. If you are applying for a scholarship, the scholar the award letter has not yet been issued, please indicates.	g estimates: Bachelor's–4 yrs ent or certificate of balance sl ship award letter should indica ate the name of the expected	s; Master's howing re ate the an scholarsh	s–2 yrs; P adily avail nount and ip.	hD–5 y able fu length	rs; Non ands suf of the a	ndegree fficient award,	e and to cover and	
			AMOUNT PROVIDED A	NNUALL	Υ	YEAF	RS PRO	VIDED)	
		ment must have full funds for all years)	\$		<u> </u>	2	□ 3	4	□ 5	
Parent o	or other	family (attach bank statement of 1 year's funds)	\$ 24178		1	2	□ 3	□ 4	□ 5	
☐ Private s	sponsor	(non-family) (attach bank statement of 1 year's funds)	\$		□1	2	□ 3	4	5	
Scholars	ship (list	organization)	. \$		□ 1	2	□ 3	4	□ 5	
☐ Other (p	lease pr	rovide details)	\$		1	2	3	4	□ 5	
Total: (Mus	t equal	the estimate of expenses for one academic year.)	\$ 24178							
DECLARAT	ION OF	SUPPORT FROM SPONSOR (IF YOU HAVE MORE	THAN ONE SPONSOR, PHO	ТОСОРУ	THIS FO	RM.)				
This is to cer		0	will provide funds				78	per y	ear	
for the above certifies that debt with the	all intori	applicant during his/her studies at Iowa State Universimation provided on this form is accurate, that I will proviity.	ty. I have attached official do ide the funds I have promised	cumentati I above, a	on of the nd that the	funds. e stude	My sig	nature not incu	below ir any	
Sponsor's sign	4		nsor's relationship to student:	Fathe	r	Date	15-1	12-202	23	
Sponsors livi	ng in U.	S. must check appropriate status U.S. citizen	☐ Immigrant ☐ Nonimmig	rant (visa	a type: _					
Applicant: My signature certifies that all information provided on this form is complete and accurate, and that I accept responsibility for all expenses I and my dependents incur (including required family health insurance) during my attendance at lowa State. With the exception of any financial assistance already offered to me by the university, I do not expect lowa State to provide me with financial assistance or employment.										
Applicant's					_ Date	41	5-12-2	2023		
	14							05/	15	

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Student	's name:	Ka	ur		Shiv	vnoor					
(FAMILY/SURNAME) Birthdate: 12-19-2004					(FIRST/GIVEN)	_		(MII	DDLE)		
Birthdate: 12-19-2004 (MM/DD/YYYY):					Gender	Male	Female	V			
City of birth: Nabha, Punjab			Citiz	zenship country:	India						
Country of birth: India			Count	Country of residence: India							
If family me Provide the	mbers will accompa information below for	ny you to the U or the visa eligi	JS on F-2 or J-2 visa(bility form, and attac l	s), you must h copies of t	show that you h	nave sufficient	t funds to co	ver their	living e	xpense	s.
RELATION	SEX	LAST NAM	ME, FIRST NAME		BIRTHDATE	BIRTH	CITY & CO	UNTRY	(CITIZEN	NSHIP
Spouse											
Child											
Child											
If you will hold a J-1 visa, please check the box below that best describes your last activity in your home country. (If you are already in the U.S. on a J-1 visa, include a photocopy of your current DS-2019 Form in your supporting materials.)											
Student: Secondary Undergrad. Graduate; Teacher: Secondary University; Employed: Gov't. Private Other (complete below):											
Position title: Name of employer:											
by checking IEOP-1 yr; the first year may be atta	the appropriate box Certificate–1 yr. Pri r's expenses. If you ched. If the award lo	under "Years vate sponsors : are applying fo	u for each year of atte Provided" using the fo should attach a bank or a scholarship, the s et been issued, please	ollowing estir statement or scholarship a	mates: Bachelo certificate of ba ward letter shou	r's-4 yrs; Mas alance showin	ster's–2 yrs ig readily av	PhD-5	yrs; Non	ndegree	and to cover
SOURCE(S) OF SUPPORT			A	MOUNT PROV	IDED ANNU	ALLY	YEA	RS PRO	VIDED	
	nk statement must h				\$			1 🗆 2	□ 3	□ 4	□ 5
Parent or other family (attach bank statement of 1 year's funds)					\$ 24158		V	1 🗆 2	□ 3	4	□ 5
Private sponsor (non-family) (attach bank statement of 1 year's fund					\$			1 🗆 2	□ 3	4	5
Scholarship (list organization)					\$			1 🔲 2	3	4	□ 5
☐ Other (p	lease provide details	s)			\$			1 🛮 2	3	4	□ 5
Total: (Mus	t equal the estimate	of expenses fo	or one academic year	:.)	\$ 24158						
DECLARAT	ION OF SUPPORT	FROM SPONS	OR (IF YOU HAVE I	MORE THAN	ONE SPONS	R, PHOTOC	OPY THIS	FORM.)			
This is to cer		njit Kaur E TYPE OR PRINT	NAME CLEARLY)		will provid	de funds in the	e amount o	\$ 241	58	per y	ear
certifies that debt with the Sponsor's significant: Mapplicant: Mand my depe	e-named applicant d all information provi university. gnature: ng in U.S. must che y signature certifies ndents incur (includ ready offered to me	uring his/her st ded on this form ACO-fil C ck appropriate that all informating required fa	status: U.S. citization provided on this amily health insurance ity, I do not expect low	Sponsor's Imr	e funds I have parents relationship to migrant No plete and accurate the latternance at Id	student: Months on immigrant ate, and that I owa State. W	other (visa type: accept respirit the except accept respirit the except respirit the e	Date Donsibility ption of a	15-1	not incu 12-202 expens ncial	23
										05/	15