## **University of Wisconsin-Stevens Point**

## **Financial Support Statement for International Undergraduate Program Applicants**

Estimated expenses for nine Wisconsin-Stevens Point ar			he 20	24-2025 acad	emic yea	r at the University of		
Tuition and fees (approxi	17,904	4.00		elatively conservative budget for a				
Campus Housing	4,850	0.00			ely and is willing to share on campus other student. While some students			
Campus Meal Service	3,650	0.00	may need less money, many students find that they spend more than this amount. This estimate does not include the cost of international travel or keeping an automobile.					
Health & Accident Insura	2,100	0.00						
Total	\$28,504	4.00	*Insurance premium for one calendar year: August 5, 2024 – August 4, 2025  Expenses may vary from estimates.					
			Official tuition rates are set in August.					
Name of Applicant: Family Na		me	Given	Name		Middle Name (if applicable)		
Semester you plan to enter	Fal	(September)		Spring (Jar	nuary)	Year 202_		
Choose ONE:  I will be self-supportin	ıg.	I will be sponso	ored b	y one or	ı	will be		
(Please submit original bank state showing available funds of at least \$28,504)	more individuals sponsor(s) complete f bank statements* totali	. (Pl form(s)	ease have and submit	governi (Please si	mentsponsored.  ubmit official documentation  government support)			
*An original bank statement is one of bank or the sponsor's bank. Your supported by the requested official	application f	head, with an official second or admission will not b	al. We v	vill accept faxed				
********	******	sponsor's s	***** STATE	**************************************	******	*********		
I,, certify certify that I have the financi	al resourc	es to cover the expe	enses	of the studen	t,	oort statement. I further addition for travel expenses		
•	dent's hon d States. A is attached	ne to the University n original bank stat d. I understand that	of Wi emen the in	sconsin-Steve t on bank lett nclusion of an	ens Point erhead r y false in	for each calendar year while eflecting a balance of at least formation concerning		
Sponsor's Name Printed			Spons	or's Signatur	e			
Date		Relationship to	Stude	nt				
**********	*****	*******	*****	******	*****	*********		

## APPLICANT'S STATEMENT

I certify that all statements on this form are true and accurate, and that funds will be provided as specified above. I will notify the University of Wisconsin-Stevens Point of any changes in my financial circumstances or those of my

sponsor. I	under	rstand that fa	ilure	on my	pai	rt or	that of my s	pons	or to	provide the	need	ed fi	unds regardle	ss of p	rio
admission	and	registration	will	result	in	the	cancellation	n of	my	registration	and	my	termination	from	the
undergraduate program at the University of Wisconsin-Stevens Point.															

Student's Printed Name

Student's Signature

Date