



Undergraduate International Student Financial Statement
Must be completed in English and U.S. Dollars

Section I:

Name of student: _____

Major: _____ Birthdate (mm/dd/yyyy): ____/____/____

Permanent Mailing Address: _____

_____ Email: _____

Phone number: _____ Country of Birth: _____ Country of Citizenship: _____

I plan to come without dependents (spouse/children).

I plan to come with dependents. The following dependents (spouse/children) will accompany me:

<i>Family/Given Name</i>	<i>Birthdate</i>	<i>Country of Birth</i>	<i>Country of Citizenship</i>	<i>Relationship to Student</i>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Section II:

Applicants are responsible for all costs of attending The Sage Colleges (4-5 years for Freshman, 2-3 years for Transfers). The Sage Colleges costs are subject to change and increase an average of five percent annually. You and your sponsor(s) must sign the verification statement at the bottom of this page indicating that you are responsible for all costs. Check the appropriate source box(es) below indicating where your first year of funding will come from (multiple sources are acceptable). Attach the appropriate financial documentation showing availability of one year of funding.

Source of funds:

Check the box(es) showing where your first year of funding will come from and indicate the exact amount that will come from each source.

Source:	Amount (in U.S. Dollars):
<input type="checkbox"/> I will pay from my own personal account	\$ _____
<input type="checkbox"/> My family will pay for my education	\$ _____
<input type="checkbox"/> I will have a scholarship from: _____	\$ _____
<input type="checkbox"/> I will have a student loan from: _____	\$ _____
<input type="checkbox"/> My government/company will pay for my education	\$ _____
<input type="checkbox"/> Other (specify): _____	\$ _____

Verification:

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.

Sponsor Name Printed: _____ Signature: _____ Relationship to student: _____ Date: _____

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Sponsor Name Printed: _____ Signature: _____ Relationship to student: _____ Date: _____

Sponsor Name Printed: _____ Signature: _____ Relationship to student: _____ Date: _____

Student Name Printed: _____ Signature: _____ Date: _____

Return this form with signed verification, supporting documentation of proof of sponsorship funds, and a copy of your passport to international@sage.edu. Thank you for your cooperation.