



Please complete this form if your funding has changed significantly (more than \$5000) or if you are required to show proof of funding for a new degree program or level of study.

Date:

Last Name: First Name:

Address:

E-mail Address: Phone Number:

1. Please select all that apply:

- A. My funding information has changed.
- B. I have changed to a new degree program or level.

My degree program is:

My degree level is: Bachelor's Master's PhD

Estimated Annual Costs		
	Undergraduate	Graduate
Tuition and Fees	\$21,683	\$20,043
Living Expenses	\$13,798	\$14,488
Books & Health Insurance	\$3,266	\$3,266
TOTAL	\$38,747	\$37,797

TO BE COMPLETED BY ACADEMIC ADVISOR

This student is expected to complete his/her degree by the following semester:
(Please circle the semester and write in the expected graduation year.)

Fall Summer Spring Year: _____

Academic Advisor's Signature: _____ Date: _____

E-mail: _____ Phone Number: _____

2. Funding Information

Submission of an incomplete application will delay processing.

SOURCES OF FUNDING

All Applicants and Sponsors Must Complete This Section. Please provide the funding information that applies to you.

Personal Submit a bank statement or letter that includes: name of account holder, date, amount and type of account, currency, and amount in US dollars. All information MUST be in English OR accompanied by a certified or notarized English translation.	\$ _____
Sponsor Submit a Bank statement no more than 6 months old that includes: Name of Account holder, date, amount, type of account currency, amount available in US dollars.	\$ _____
Florida State University Assistantship/Fellowship Completion of section 3 is required.	\$ _____
Scholarship A copy of the award letter is required.	\$ _____
Other: Specify: _____	\$ _____

STUDENT STATEMENT

I certify that the information above is complete and accurate.

Student Signature:

Date: _____

SPONSOR STATEMENT

I certify that the above information is correct, and that funding in the amount of \$ _____ will be available for the first year and each subsequent year of study for the duration of the student's academic program. I have enclosed bank and/or other financial institution verification demonstrating availability of funds for the first year.

Name of Sponsor:
(please print)

Relationship to Applicant: _____

Sponsor's Signature:

Date: _____

3. FSU Departmental Funding--For Students Receiving Department Funding Only

Last (Family) Name _____

First (Given) Name _____

Stipend: The student will receive \$ _____ as an annual stipend.

Waivers:

The student will receive a **matriculation waiver** for: (Select one)

0 18 24 27 hours per year Other _____

The student will receive an **out-of-state** waiver for: (Select one)

0 18 24 27 hours per year Other _____

Continuance of Funding: Will funding continue for the duration of the program, contingent upon satisfactory academic performance, satisfactory performance of assistantship duties, and availability of funds?

Yes No If no, please explain: _____

Latin American/Caribbean Scholarship: Will the student be awarded a non-duty scholarship of a minimum of \$500 per academic year and designated as a Latin American-Caribbean Scholarship recipient?

Yes No If yes, specify amount of award. \$ _____

Note: Please forward a copy of the LAC Scholarship Award letter with this form. More information on the LAC Scholarship is available at <http://www.gradstudies.fsu.edu/latin.html> .

Department Contact Person: _____ Telephone: _____

Email Address of Departmental Contact Person: _____

Signature of Contact Person: Date: _____