UAFS
University of Arkansas - Fort Smith

DECLARATION AND CONFIRMATION OF FINANCIAL RESOURCES

This document needs to be uploaded to UAFS international admission website.

Total of all documented funds must equal or exceed the **minimum estimated cost for one academic year**, which is currently **$27,231**. Please fill out applicant's information below. Write your name exactly as it appears on the personal information page of your passport. Please make sure to sign at the bottom of this form.

Family Name _____ First Name _____ Middle Name _____

☐ Female ☐ Male Birth Date: DD_____ MM_____ YYYY_____ Email address: _____

Part I. Personal Fund *Please complete this part if the bank documents are under applicant's name.*

"$_____U.S. dollars of my own funds will be available to me while studying at UAFS for my first year of study."

Bank Name: _____

Bank Address: _____

_____

Attach recent (less than 3 months old) original bank letter or bank statement, including specific amount available and name of account holder. All documents must be in English.

Contact Person at Bank: _____ Phone: _____ Email: _____

Part II. Family or Individual Sponsor's Support (Sponsor's Guarantee) *Please complete this part if bank documents are under family member or individual sponsor's name.*

"$_____U.S. dollars will be available to the student named above while studying at UAFS."

Sponsor's Name (Printed):_____ Relationship to Applicant: _____

Bank Name: _____

Bank Address: _____

_____

Attach recent (less than 3 months old) original bank letter or bank statement, including specific amount available and name of account holder. All documents must be in English.

Contact Person at Bank: _____ Phone: _____ Email: _____

Part III. Sponsoring Organization, Firm, Government, or School (including loans and scholarships) *Please complete this part if financial documents are issued or under the name of organization, firm, government or school.*

"$_____U.S. dollars will be available to the student named above while studying at UAFS."

Name of Sponsoring Organization: _____

Amount of Award in U.S. $: _____

Date of Award Period: _____ to _____

Attach recent (less than 3 months old) original bank letter or bank statement, including specific amount available and name of account holder. All documents must be in English.

Contact Person: _____ Phone: _____ Email: _____

This is to certify that all the information furnished on this form is true and correctly reflects my plans to meet expenses while attending the University of Arkansas - Fort Smith. I fully understand that the minimum amount necessary for my living expenses is subject to change and that my individual financial needs may vary from the minimum estimated amount, as shown on the UAFS website. I will notify UAFS immediately of any change in my financial situation.

_____ _____

Applicant's Signature **Date (MM/DD/YYYY)**

_____ _____

Sponsor's Signature **Date (MM/DD/YYYY)**