

**International Application for Undergraduate Admission  
Confidential Financial Information**

**Please return to:** University of Delaware  
Office of Admissions  
Newark, DE 19716 USA  
Telephone: (302) 831-8125

Please type or print your responses. A certified, original bank statement from your sponsor must accompany this form and be returned with your application for admission. The bank statement may not be faxed or copied. Questions can be directed to [foreignservices@udel.edu](mailto:foreignservices@udel.edu).

1. Name \_\_\_\_\_  
Last (Family, surname)                      First                      Middle                      Suffix

2. Country of Birth \_\_\_\_\_

3. Country of Citizenship \_\_\_\_\_

**FINANCIAL ACCOUNTABILITY**

4. Can you pay for your round-trip travel to the United States?     Yes     No

**SOURCE OF FUNDS**

In questions 4-8, please specify the source of funds that you will utilize while residing in the United States. Consider United States currency and exchange regulations for each item listed below. Complete in US dollars.

5. What is the source of funds in your home country? \_\_\_\_\_

6. What is the total amount available? \_\_\_\_\_

7. When, during the academic year, will the funds be available? \_\_\_\_\_

8. What is the source of the funds in the United States?  
\_\_\_\_\_

9. With respect to the academic year in which you are interested, have you or do you expect to apply for assistance (scholarship, fellowship, or loan) to any other organization, committees, or educational institutions in your home country or in the United States? If your answer is no, skip to question 9. If yes, please supply details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL DEPENDENTS**

10. Please provide information below regarding all persons who will accompany you and be dependent on you for financial support.

Name                      Date of birth                      Relationship                      Gender                      Country of Birth                      Country of Citizenship

\_\_\_\_\_  
\_\_\_\_\_

11. Please state your plan for financial support during the time you may be in the United States. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Sponsor                      Date                      Relationship to Applicant

Signature of Applicant                      Date