



Contact Information

LAST NAME		FIRST NAME (as appears on passport)		IUSB ID#
PREFERRED E-MAIL			PHONE	
LOCAL ADDRESS				
CITY		STATE		ZIP CODE
PERMANENT ADDRESS				
CITY/STATE/PROVINCE		ZIP/POSTAL CODE		COUNTRY
CUMULATIVE GPA		EXPECTED GRADUATION DATE (mm-dd-yyyy)		
AMOUNT REQUESTED IN US \$				

Please complete the remaining page and submit your completed application either by e-mail to oiss@iusb.edu, by hand to the Office of International Student Services, Administration Building Room 146X, or by mail to the address below:

**International Student Services
Indiana University South Bend
PO Box 7111
South Bend, IN 46634-7111**

Telephone: 574-520-4419
Fax: 574-520-4590

For Office Notes Only.

Amount Awarded: \$ _____



INTERNATIONAL STUDENT LOAN APPLICATION

FINANCIAL SUPPORT SOURCES AS LISTED ON YOUR I-20

PERSONAL FUNDS	\$	_____
FUNDS FROM SCHOOL	\$	_____
FUNDS FROM ANOTHER SOURCE	\$	_____
ON-CAMPUS EMPLOYMENT	\$	_____
TOTAL	\$	_____

DO YOU HAVE DEPENDENTS IN THE U.S.? NO YES: PLEASE LIST NAMES AND AGES BELOW

LIST ALL FUNDS AVAILABLE FOR THE NEXT YEAR. IF YOU WILL BE HERE LESS THAN ONE YEAR, INDICATE BY CHECKING HERE

PERSONAL FUNDS (ATTACH BANK STATEMENT)	\$	_____	
FUNDS FROM SCHOOL (SCHOLARSHIP, ASSISTANTSHIP, FELLOWSHIP)	\$	_____	
SPONSOR FUNDS	\$	_____	
FUNDS FROM ANOTHER SOURCE	\$	_____	Indicate Sources: _____
ON-CAMPUS EMPLOYMENT	\$	_____	
TOTAL FUNDS AVAILABLE NEXT YEAR	\$	_____	

DETAIL YOUR ANNUAL BUDGET

TUITION, FEES, BOOKS AND SUPPLIES	\$	_____
HOUSING AND UTILITIES	\$	_____
FOOD, HEALTH INSURANCE, MEDICAL/DENTAL, MISCELLANEOUS	\$	_____
TOTAL BUDGETED EXPENSES FOR NEXT YEAR	\$	_____

CALCULATE DIFFERENCE

TOTAL FUNDS AVAILABLE NEXT YEAR	\$	_____
TOTAL BUDGETED EXPENSES FOR NEXT YEAR	\$	_____
DIFFERENCE	\$	_____

ATTACH A LETTER IN WHICH YOU EXPLAIN YOUR FINANCIAL HARDSHIP AND YOUR EFFORTS TO FIND ON-CAMPUS EMPLOYMENT.

I certify that the above information is true and correct to the best of my knowledge.

SIGNATURE

DATE (mm-dd-yyyy)