

Prior to the issuance of the I-20 or DS-2019, ISSS must first confirm that a student has sufficient funds to cover estimated educational and living expenses. A chart of estimated costs and details on acceptable financial documentation are found in the *Proof of Funding* section of the ISSS webpage [Obtaining F-1 or J-1 Status](#).

You will need to upload documentation to substantiate the source(s) of funding that you list below.

Physical and electronic signatures are acceptable.

Section I – STUDENT INFORMATION

DU ID	Last/Family Name	First/Given Name
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Section II – PROOF OF FUNDING

SOURCES OF FUNDS	AMOUNT IN US \$
UNIVERSITY OF DENVER (<i>Funds from scholarships, awards, or assistantship</i>)	\$ _____
PERSONAL (<i>Student's name must be listed on account documents</i>)	\$ _____
EDUCATIONAL LOAN Name of Loan Provider _____	\$ _____
FAMILY (<i>Funds from immediate family members: parents or spouse</i>) Name of Account Holder _____ Relationship to Student _____ <i>I confirm that \$ _____ of my funds will be available to cover this student's educational expenses.</i> Family Member's Signature: _____ Date: _____ Name of Account Holder _____ Relationship to Student _____ <i>I confirm that \$ _____ of my funds will be available to cover this student's educational expenses.</i> Family Member's Signature: _____ Date: _____	\$ _____
INDIVIDUAL SPONSOR (<i>Funds from other individuals or extended family</i>) Name of Sponsor _____ Relationship to Student _____ <i>I confirm that \$ _____ of my funds will be available to cover this student's educational expenses.</i> Individual Sponsor's Signature: _____ Date: _____ Name of Sponsor _____ Relationship to Student _____ <i>I confirm that \$ _____ of my funds will be available to cover this student's educational expenses.</i> Individual Sponsor's Signature: _____ Date: _____	\$ _____
GOVERNMENT, EMPLOYER, OR OTHER ORGANIZATION SPONSOR <i>(ISSS may request additional evidence if we are unfamiliar with the listed entity)</i> Name of Sponsor: _____ Type: (CHECK THE BOX BELOW) U.S. Government Company International Organization Home Government Employer Other _____	\$ _____
TOTAL (<i>Must meet or exceed estimated program costs – See form instructions for link to chart of costs</i>)	\$ _____