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**DEPENDENT INFORMATION**

If the participant will be accompanied by family, please provide the following details for each accompanying family member. If additional dependent spaces are needed, please attach additional copies of this page.

**22. Dependent #1 -  SPOUSE or  CHILD/DEPENDENT**

Name: \_\_\_\_\_  
Surname/Primary Name                      Given Name

Date of Birth: Month\_\_ \_\_ Day\_\_ \_\_ Year\_\_ \_\_ \_\_ \_\_                      Gender:  Male  Female

City of Birth: \_\_\_\_\_                      Country of Birth: \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_                      Country of Citizenship: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**23. Dependent #2 -  SPOUSE or  CHILD/DEPENDENT**

Name: \_\_\_\_\_  
Surname/Primary Name                      Given Name

Date of Birth: Month\_\_ \_\_ Day\_\_ \_\_ Year\_\_ \_\_ \_\_ \_\_                      Gender:  Male  Female

City of Birth: \_\_\_\_\_                      Country of Birth: \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_                      Country of Citizenship: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**24. Dependent #3 -  SPOUSE or  CHILD/DEPENDENT**

Name: \_\_\_\_\_  
Surname/Primary Name                      Given Name

Date of Birth: Month\_\_ \_\_ Day\_\_ \_\_ Year\_\_ \_\_ \_\_ \_\_                      Gender:  Male  Female

City of Birth: \_\_\_\_\_                      Country of Birth: \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_                      Country of Citizenship: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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**FINANCIAL INFORMATION**

IUP policy requires Research Scholars, Short-term Scholars and Visiting Professors to prove financial support for themselves equal to a minimum of USD\$18,000 per 12-month period (USD\$1500 per month). Proof of financial support for a spouse must equal USD\$5000 per 12-month period (USD\$417 per month). In addition, USD\$3000 per 12-month period (USD\$250 per month) is required for EACH dependent child. **A DS-2019 will not be issued until proof of finances has been provided to IUP.** Some examples of acceptable forms of proof of finances include: a current bank statement, official letter from bank stating the amount available in an account, letter from sponsor/organization (e.g. Embassy), or letter of financial support from home employer.

19. Who is providing financial support?  Self     Sponsor - Name of Sponsor: \_\_\_\_\_

20. Proposed length of visit:    **START** Month\_\_\_\_Day\_\_\_\_Year\_\_\_\_\_  
  **END** Month\_\_\_\_Day\_\_\_\_Year\_\_\_\_\_

21.

	Length of Visit in Months	Required Finances per Month	Total Required Finances
<i>EXAMPLE: Exchange Visitor</i>	8 months <i>1/20/2017 – 9/20/2017</i>	X USD\$1500 per month	\$12000
Exchange Visitor (J-1)		X USD\$1500 per month	
Spouse (J-2)		X USD\$417 per month	
#1 Dependent Child (J-2)		X USD\$250 per month	
#2 Dependent Child (J-2)		X USD\$250 per month	
#3 Dependent Child (J-2)		X USD\$250 per month	
#4 Dependent Child (J-2) <i>(include additional children as necessary)</i>		X USD\$250 per month	
		<b>TOTAL FINANCES REQUIRED:</b>	

**APPLICATION PROCESS**

1. Complete DS-2019 REQUEST FORM
2. Include dependent information
3. Attach proof of financial support (example: Letter of Financial Support/Sponsorship, and Bank Statement)
4. Attach copies of passports (if available)
5. Attach English language proficiency exam results
6. Submit to: **B25 Delaney Hall, 920 Grant St**  
**Indiana, PA 15705**  
**Phone: 001-724-357-2295 FAX: 001-724-357-2514**

Please contact International Student and Scholar Advisor, Candi Deblay at intl-exchange@iup.edu with any questions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_