

UNDERGRADUATE AFFIDAVIT OF FINANCIAL SUPPORT FOR INTERNATIONAL STUDENTS

Complete both sides of this form and provide documentation as required. If you will need an F-1 or J-1 visa, Bellarmine University is required by U.S. government regulations to check the availability of adequate funding for your tuition, fees, and living expenses for the duration of your studies. Until all funding documentation has been completed and returned to Undergraduate Admissions, we will be unable to provide you with a notice of admission or with the documents necessary to obtain your visa.

PERSONAL DATA

Name					
FAMILY NAME	FIRST	MIDDLE	MAIDE	N	
Preferred Name	Social Security Number	ecurity Number		Gender	
Place of Birth	STATE/PROVINCE	COUNTRY	Date of Birth		
Country of Citizenship			Occupation		
Are you presently residing in th	ne United States?				
If yes, what is your current stat	us? F-1 J-1	Other			
If no, do you plan on enrolling enrollment at Bellarmine Univ	, 1		If so, where?		
On what visa status will you at	tend Bellarmine?	as above I want	to change to F-1	■ J-1	Other
If you hold an F-1 or J-1 visa, w	hat institution issued the DS-2	019 or I-20?			
If you are presently an F-1 or J-	1 student, where are you enrol	led?			
If you are presently on OPT, w	hen will it expire?				

ESTIMATED EXPENSES

Estimated expenses for single student living alone (without family) in the United States. The amounts below represent fees in effect for fall 2018 through summer 2019 for most programs, but they are subject to change without notice. In 2019-2020 and beyond, students should plan for a 1 to 5 percent annual increase for all costs. Costs vary by academic program; costs listed are for an academic year (two semesters/nine months).

Tuition and Fees \$41,800 Room & Board \$12,250 Books \$788 Living and Travel Expenses \$5,900 Health Insurance (9 months) \$891*

Total estimated expenses \$61,629

*Health insurance is required for international students.

DOCUMENTATION REQUIRED

We require the following documentation:

- Affidavit of support: A separate affidavit is required for each sponsor. The total funds on the affidavit(s) must equal the total funds needed for the duration of your studies at Bellarmine (at least four years). Letters of sponsorship must be for Bellarmine University, and for no other college or university.
- 2. Bank statement: A bank statement must be supplied showing sufficient funds for the first year of study only.
 - The affidavit(s) of support and bank statement(s) that you submit must: be originals, include both your name and the sponsor's name, be dated no more than one year prior to the date classes begin for the desired quarter, be written in English; translations must be signed and sealed by the appropriate bank or government official.
 - The sponsor(s) on the Affidavit of Financial Support and the account holder(s) on the official bank statement(s) must be the same.

AFFIDAVIT OF SUPPORT FROM PERSONAL SOURCES (FAMILY, FRIENDS, SELF)

Ask your personal sponsor(s) to complete the appropriate sections below. A separate signature is required for each sponsor.

Name/Relation			
Permanent Address		STREET ADDRESS	
CITY	STATE/PROVINCE	ZIP CODE	COUNTRY
_	ancial support for ap f study at Bellarmine U aed an original bank sta	niversity. As verific	cation that funding is
■ I will provide parti provide \$ I	al financial support per year for 1 2		
■ I will provide full sup	port for spouse and/or	children if accompa	anying applicant.
Signature —			_ Date
Name/Relation			
Permanent Address		STREET ADDRESS	
CITY	STATE/PROVINCE	ZIP CODE	COUNTRY
_	ancial support for app of study at Bellarmine U aed an original bank sta	niversity. As verific	cation that funding is
■ I will provide parti e provide \$ I	al financial support per year for 1 2		•
■ I will provide full sup	port for spouse and/or	children if accompa	anying applicant.
Signature			_ Date

AFFIDAVIT OF SUPPORT FROM THE FUNDING AGENCY (GOVERNMENT, ORGANIZATION, OR INSTITUTION/SCHOOL)

Please ask your funding agency to either complete this form or provide an original letter that details your support. The affidavit of support that you submit must be original, include both your name and the sponsor's name, be dated no more than one year prior to the date classes begin for the desired semester, and be written in English; translations must be signed and sealed by the appropriate bank or government official.

We,	NAME OF SPONSOR	hereby certify that we will pay the fo					
	APPLICANT'S NAME	from		COUNTRY			
■ Tuition and fees	Health Insurance	Living Expenses for	Student	Living Expenses for spou	use and/or children		
Study is approved for	DEGREE	in	AREA OF STUDY	at Bellarmine	University.		
Funding is effective fr	ommonth/year	to	/YEAR ·				
Total award is \$	U.S. DOLLARS	per year for	years.				
Signature				Date			
Official Title		Office or Division					
Address		STREET AG	DDRESS				
CITY	STATE/P	ROVINCE	ZIP	CODE	COUNTRY		
Address where tuition	and fees will be billed,	if applicable.					
		STREET ADDRES	S				
CITY	STATE/P	ROVINCE	ZIP	CODE	COUNTRY		
Official seal of fundin	g institution if available						
	S SIGNATURE		plicant's printed	l name), hereby promise	that the information		
	d complete. I understan			ll anticipated yearly exp			
Signature				Date			

Return to the address listed on the back of this sheet.

