Statement of Financial Support

2015-2016

Saint Peter's University
Office of International Enrollment
2641 John F. Kennedy Blvd.
Jersey City, NJ 07306
U.S.A.
www.saintpeters.edu/international
Instructions for the Statement of Financial Support for International Students

Please read the following instructions carefully before completing the Statement of Financial Support and submitting evidence of funding. Your application for admission will not be considered without completion of this form.

U.S. Immigration and Naturalization Service regulations require institutions to obtain evidence that applicants have adequate financial resources for their expenses while studying in the U.S. Funds may come from a variety of sources including scholarships, fellowships, sponsoring agencies, continuance of salary, the applicant’s family, or any dependable source. The completion of the enclosed Statement of Financial Support, along with the supporting evidence of funding, is a required part of the International Student Admission decision process.

All international applicants, both those applying from outside the United States and those currently in the United States, must submit the Statement of Financial Support and provide evidence of funding. This applies to all international students regardless of valid visa status in the USA.

Please submit ALL of the following:

1. A Statement of Financial Support that is fully completed and signed.
2. A Statement from sponsor, certifying type and amount of financial support. The statement must include: applicant’s name; duration of support (in years); amount of support (per year and/or total amount); conditions of support (if any); number of people being supported by the sponsor and in what amounts; certification that the indicated funds are available and that the funds will be provided for the applicant’s education and living expenses; sponsor’s name and signature; and the date.
3. Evidence that sponsor has sufficient funds for sponsorship. Evidence may be in the form of one or more of the following:
   a. A bank statement indicating the amount of funds in the account, the name in which the account is held, and the length of time that the account has been in effect;
   b. A letter from the sponsor’s employer stating income and length of employment;
   c. Any similar proof indicating that sufficient funds will be available to meet sponsorship.
4. A copy of the picture page of your passport and any dependents accompanying you.

Please note that you may be asked to submit further evidence of funding if such evidence is deemed necessary by Saint Peter’s University.
Undergraduate Estimated Expenses
Estimated expenses are for full-time study for one academic year (2 semesters)—12 academic credits minimum to 18 credits maximum. Amounts listed are in United States dollars. Students wishing to take additional credits per semester should plan on additional expenses.

Undergraduate Direct Charges
Tuition .......................................................... $34,135
Total Net Cost Direct Charges ......................... $34,135

Incidental Charges
Room and board ........................................ $13,663
Personal Expenses .......................................... $1,000
Books and supplies ....................................... $500
Health insurance ........................................... $500
Total Incidental Charges ................................. $15,663

Total Undergraduate Comprehensive Cost (resident) ........ $49,998*
Total Undergraduate Comprehensive Cost (commuter) .... $34,135

Note: If you require a dependent I-20, please demonstrate an additional $10,000USD per year of financial support.

Graduate Estimated Expenses
Estimated expenses are for full-time study for one academic year (2 semesters, 9 credit hours per semester). Amounts listed are in United States dollars. Students wishing to take an additional semester per year should plan on additional tuition expenses.

Graduate Direct Charges
Tuition .......................................................... $18,000
Total Net Cost Direct Charges ......................... $18,000

Incidental Charges
Room and board ........................................ $13,863
Personal Expenses .......................................... $1,000
Books and supplies ....................................... $500
Health insurance ........................................... $500
Total Incidental Charges ................................. $15,459

Total Comprehensive Cost (resident) ................. $32,459*
Total Comprehensive Cost (commuter) ............... $18,000

Note: If you require a dependent I-20, please demonstrate an additional $10,000USD per year of financial support.

*Total Comprehensive Cost will depend on a student’s selected field of study. Resident housing is limited for graduate students. Dependents are not allowed in campus provided housing.

All costs and fees subject to change pending final Board of Trustee approval.
### Definition of Terms:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Funds</strong></td>
<td>Student’s own savings or draft/checking account funds. An original letter on bank stationery indicating sufficient funds is required. Date the account(s) opened, name of account holder, and present balance are required.</td>
</tr>
<tr>
<td><strong>Family Funds</strong></td>
<td>Student’s family savings or draft/checking account funds. Real estate holdings, personal property, and common stock holdings should NOT be used to confirm financial support. An original letter on bank stationery indicating sufficient funds is required. Date the account(s) opened, name(s) of account holder, and present balance are required.</td>
</tr>
<tr>
<td><strong>Family or Private Sponsor</strong></td>
<td>Private sponsor’s savings or draft/checking accounts funds. Real estate holdings, personal property, and common stock holdings should NOT be used to confirm financial support. An original letter on bank stationery indicating sufficient funds is required. Date the account(s) opened, name(s) of account holder, and present balance are required.</td>
</tr>
<tr>
<td><strong>Government or Agency Sponsor</strong></td>
<td>An original, official letter of Billing Authorization is required. Full disclosure of the extent and amount of government or agency support is necessary. Inclusive dates of sponsorship or special conditions are required.</td>
</tr>
<tr>
<td><strong>Foreign Government Loans</strong></td>
<td>Authorized/approved loan guarantee forms or letters are required. Inclusive dates of authorization and distribution of funds are required.</td>
</tr>
</tbody>
</table>
**Proof of Funding Templates**

**Sample Bank Statement**

*On Bank Stationery*

To Saint Peter’s University:

This is to certify that [name of sponsor] holds an account with our bank. The amount of funds available in this account is [amount in the applicant’s country’s currency], equivalent to [amount in U.S. dollars]. This account has been in effect since [date].

[Signature of Bank Official] [Date]

Bank Seal or Stamp

**Sample Letter from Sponsor’s Employer**

*On Employer’s Stationery*

To Saint Peter’s University:

This is to certify that [name of sponsor] has been employed at [name of company] since [month and year]. His/Her salary is [amount per month or year].

[Signature of Employer] [Date]

**Sample Sponsor Statement**

[Sponsor’s name and address]

To Saint Peter’s University:

This is to certify that I, [name of sponsor], will sponsor [applicant’s name] during his/her studies at Saint Peter’s University. To this end, I will provide no less than [dollar amount] per year for [number of years] to be used toward the applicant’s educational and living expenses. [List any conditions of the award.] [Indicate the number of other people being supported, including family members in the home country.]

[Signature of Sponsor] [Date]
**Saint Peter’s University**  
Office of International Enrollment, 2641 John F. Kennedy Blvd., Jersey City, NJ, U.S.A

**Statement of Financial Support for International Students**

Instructions: A Certificate of Eligibility (I-20) will not be authorized or transferred until this form is completed and returned to Saint Peter’s University. The University will include information from this form in your Certificate of Eligibility and acceptance letter. Both documents must be shown to the U.S. Consulate to obtain a visa. Please read carefully and answer all questions regarding the source(s) of your financial support while attending Saint Peter’s University. Please note that if you are already in the USA on a valid visa status like H, G, E or 0, you will still need to submit this form with proof of funding.

**PLEASE PRINT OR TYPE**

**Student’s name:**

<table>
<thead>
<tr>
<th>Last (family name)</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Date of birth:** Country of birth: Citizenship:  

Month/Day/Year

**Permanent address:**

Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>Country</th>
</tr>
</thead>
</table>

**Permanent telephone number:** **E-mail address:**

**PERSONAL OR FAMILY SAVINGS**

<table>
<thead>
<tr>
<th>Name of bank</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address of bank</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of bank official or contact person</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title of official</th>
<th>Phone number</th>
</tr>
</thead>
</table>

**Guaranteed support:**  
Please list amount of financial support available for the appropriate year in United States dollars.

First Year $__________  

**Estimated future support**

Second Year $__________  
Third Year $__________

Fourth Year $__________
PARENTS (for sources other than savings)

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>List of other sources:</td>
</tr>
</tbody>
</table>

Guaranteed support:
Please list amount of financial support available for the appropriate year in United States dollars.

First Year........................................ $______

Estimated future support

Second Year................................. $______

Third Year .................................. $______

Fourth Year................................. $______

SPONSORS (for sources other than savings)

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Relationship to student</td>
</tr>
</tbody>
</table>

Guaranteed support:
Please list amount of financial support available for the appropriate year in United States dollars.

First Year........................................ $______

Estimated future support

Second Year................................. $______

Third Year .................................. $______

Fourth Year................................. $______

GOVERNMENT SUPPORT

| Name of agency | 
| Address of agency | 
| Contact person | 

Guaranteed support:
Please list amount of financial support available for the appropriate year in United States dollars.

First Year........................................ $______

Estimated future support

Second Year................................. $______

Third Year .................................. $______

Fourth Year................................. $______

Enclose an official copy of your letter of award.
OTHER (specify)

Guaranteed support:
Please list amount of financial support available for the appropriate year in United States dollars.

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>$_____</td>
</tr>
<tr>
<td>Second</td>
<td>$_____</td>
</tr>
<tr>
<td>Third</td>
<td>$_____</td>
</tr>
<tr>
<td>Fourth</td>
<td>$_____</td>
</tr>
</tbody>
</table>

Estimated future support

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second</td>
<td>$_____</td>
</tr>
<tr>
<td>Third</td>
<td>$_____</td>
</tr>
<tr>
<td>Fourth</td>
<td>$_____</td>
</tr>
</tbody>
</table>

Enclose with this form a signed affidavit from an authorized person who will guarantee financial support.

TOTAL (Add amounts)

First Year = $_____ Second Year = $_____ Third Year = $_____ Fourth Year = $_____

Will you reside in the U.S. during the summer? □ Yes □ No
If so, who will support you?
Source: _____________________ Amount (US$) __________

Will any dependents be accompanying you? □ Yes □ No
If “yes”, please attach a list including: names, relationship and provide a copy of each dependent’s passport.

Warning: Please note that providing false information may entail revoking your student visa and may result in Saint Peter’s University declining its offer of admission.

I verify that the above information is true and complete.

________________________________________  ________________________
Signature                                      Date