



## FINANCIAL DECLARATION FOR INTERNATIONAL STUDENTS

### TO BE COMPLETED BY APPLICANT

#### A) APPLICANT INFORMATION

NAME OF APPLICANT \_\_\_\_\_

US Immigration and Customs Enforcement requires documented assurance that international students have sufficient financial resources to meet the costs of study in the United States. The funds listed on this form must equal or exceed estimated expenses at the Franciscan School of Theology. Limited tuition aid may be available to international students.

ESTIMATED FEES FOR ACADEMIC YEAR 2016-2017	Tuition and Fees	\$ 18,180
	Room and Board	\$ 12,375
	Books and Supplies	\$ 1,000
	Medical Insurance	\$ 1,988
	Personal Expenses	\$ 3,875
	<b>TOTAL</b>	<b>\$ 37,418</b>

#### B) PERSONAL / FAMILY SUPPORT

PERSONAL/FAMILY SUPPORT IN THE AMOUNT OF (US \$): \_\_\_\_\_

APPLICANT OR RELATIVE PROVIDING SUPPORT \_\_\_\_\_

NAME		RELATIONSHIP TO APPLICANT	
STREET ADDRESS			
CITY	CITY CODE	STATE OR PROVINCE	COUNTRY
SIGNATURE		DATE	

#### BANK CERTIFICATION – TO BE COMPLETED BY BANK WHERE FUNDS ARE ON DEPOSIT

CLIENT NAME: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK STREET ADDRESS			
CITY	CITY CODE	STATE OR PROVINCE	COUNTRY
BANK REPRESENTATIVE NAME		TITLE	

\_\_\_\_\_  
 BANK REPRESENTATIVE SIGNATURE DATE

**Attach a bank statement signed by an authorized bank representative as evidence that the funds as stated above are available.**

<b>SPONSOR SUPPORT</b>			
SUPPORT IN AMOUNT OF (US \$): _____			
SPONSOR, RELIGIOUS CONGREGATION OR DIOCESE PROVIDING SUPPORT:			
_____			
NAME			
_____			
STREET ADDRESS			
_____			
CITY	CITY CODE	STATE OR PROVINCE	COUNTRY
<b>Attach a letter from the sponsoring agency describing the award.</b>			

<b>GOVERNMENT SUPPORT</b>			
GOVERNMENT SUPPORT IN AMOUNT OF (US \$): _____			
GOVERNMENT AGENCY PROVIDING SUPPORT:			
_____			
NAME			
_____			
STREET ADDRESS			
_____			
CITY	CITY CODE	STATE OR PROVINCE	COUNTRY
<b>Attach a letter from the government agency describing the award.</b>			

<b>OTHER SUPPORT</b>			
SUPPORT IN THE AMOUNT OF (US \$): _____			
AGENCY PROVIDING SUPPORT:			
_____			
NAME			
_____			
STREET ADDRESS			
_____			
CITY	CITY CODE	STATE OR PROVINCE	COUNTRY
<b>Attach a letter from the supporting agency describing the award.</b>			

<b>SIGNATURE</b> I certify that all information provided on this form is true and accurate:
_____
SIGNATURE
DATE
<b>Return completed declaration to: FST-Office of Admissions, 4050 Mission Avenue, Oceanside, CA 92057, USA</b>

<b>FOR OFFICE USE ONLY</b>	
Personal/family support	(US\$) _____
Sponsor support	(US\$) _____
Government Support	(US\$) _____
Other support	(US\$) _____
TOTAL SUPPORT	(US\$) _____