



FINANCIAL DECLARATION FOR INTERNATIONAL ST

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 2018-2019	Tuition and Fees	\$ 18,720
	Room and Board	\$ 13,117
	Books and Supplies	\$ 1,060
	Medical Insurance	\$ 2,669
	Personal Expenses	\$ 4,107
	TOTAL	\$ 39,673

B) PERSONAL / FAMILY SUPPORT

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

APPLICANT OR RELATIVE PROVIDING SUPPORT _____

_____	NAME	_____	RELATIONSHIP TO APPLICANT
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_____	STREET ADDRESS
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_____	CITY	_____	CITY CODE	_____	STATE OR PROVINCE	_____	COUNTRY
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_____	SIGNATURE	_____	DATE
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BANK CERTIFICATION – TO BE COMPLETED BY BANK WHERE FUNDS ARE ON DEPOSIT

CLIENT NAME: _____

BANK NAME: _____

_____	BANK STREET ADDRESS
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_____	CITY	_____	CITY CODE	_____	STATE OR PROVINCE	_____	COUNTRY
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_____	BANK REPRESENTATIVE NAME	_____	TITLE
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_____	BANK REPRESENTATIVE SIGNATURE	_____	DATE
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Attach a bank statement signed by an authorized bank representative as evidence that the funds as stated above are available.

SPONSOR SUPPORT			
SUPPORT IN AMOUNT OF (US \$): _____			
SPONSOR, RELIGIOUS CONGREGATION OR DIOCESE PROVIDING SUPPORT:			

NAME			

STREET ADDRESS			

CITY	CITY CODE	STATE OR PROVINCE	COUNTRY
Attach a letter from the sponsoring agency describing the award.			

GOVERNMENT SUPPORT			
GOVERNMENT SUPPORT IN AMOUNT OF (US \$): _____			
GOVERNMENT AGENCY PROVIDING SUPPORT:			

NAME			

STREET ADDRESS			

CITY	CITY CODE	STATE OR PROVINCE	COUNTRY
Attach a letter from the government agency describing the award.			

OTHER SUPPORT			
SUPPORT IN THE AMOUNT OF (US \$): _____			
AGENCY PROVIDING SUPPORT:			

NAME			

STREET ADDRESS			

CITY	CITY CODE	STATE OR PROVINCE	COUNTRY
Attach a letter from the supporting agency describing the award.			

SIGNATURE I certify that all information provided on this form is true and accurate:

SIGNATURE
DATE
Return completed declaration to: FST-Office of Admissions, 5998 Alcalá Park San Diego, CA 92110 t: (619) 574-5800, USA

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