

## CONFIDENTIAL STATEMENT OF FINANCES FOR INTERNATIONAL STUDENTS

### DIRECTIONS TO THE APPLICANT:

Read the following questions carefully before completing and submitting this form. All international student applicants must document their ability to meet all education and living expenses for the entire period of their intended study before Bucknell University can issue a Certificate of Visa Eligibility (Form 1-20 or IAP-66). Please review the enclosed information about anticipated costs of attending Bucknell University. If you are *not* applying for financial aid, attach an original bank statement indicating U.S. dollar amount of personal/parent savings or notarized affidavit indicating guaranteed support from a relative, government or other sponsoring agency.

1.  MR.  MRS.  MISS \_\_\_\_\_  
FAMILY NAME GIVEN NAME(S)

2. HOME ADDRESS \_\_\_\_\_  
NO. AND STREET TOWN OR CITY PROVINCE OR STATE COUNTRY

3. Indicate in the following table the sources and amounts of money in U.S. dollars that you expect to have available each year to meet necessary expenses.

SOURCE(S) OF FUNDS:	YEARS OF STUDY IN THE UNITED STATES			
	FIRST	SECOND	THIRD	FOURTH
	20__-__	20__-__	20__-__	20__-__
PERSONAL SAVINGS	\$ _____	\$ _____	\$ _____	\$ _____
PARENTAL SUPPORT	\$ _____	\$ _____	\$ _____	\$ _____
OTHER <i>(Please specify)</i> _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL FUNDS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

4. How much money do you expect to have when you arrive at Bucknell University? \_\_\_\_\_

5. Do you hope to supplement these funds from sources in the United States after you arrive?  YES  NO  
*If you answered yes, attach a statement describing those plans in detail, including sources and amounts of these supplemental funds.*

6. List any person financially dependent on you:

NAME	AGE	RELATIONSHIP	COMING TO U.S. WITH YOU?
NAME	AGE	RELATIONSHIP	COMING TO U.S. WITH YOU?
NAME	AGE	RELATIONSHIP	COMING TO U.S. WITH YOU?

7. Do you have additional funds available to you in case of an emergency after your arrival in the United States:

YES *(Please indicate amount available in U.S. dollars \$ \_\_\_\_\_)*  NO

## CERTIFICATION

***We cannot consider your application for admission unless you have read, signed and dated this statement.***

8. I hereby certify that I have read and understand the information on expenses in the bulletin information for international students and that the information I have given on this form is complete and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

## CERTIFICATION BY SPONSOR OR PARENT PROVIDING FINANCIAL SUPPORT

For your application to be considered, the following certification must be signed by the person providing any part of your funds or by an official of the agency, organization or firm sponsoring your studies. If the sponsor wishes to supplement this statement or state any special condition or limitations, a letter of explanation may be attached. If more than one sponsor is aiding the applicant, the following certification must be copied and signed by each sponsor. Attach the additional statements to this form.

9. I certify that I have read the information given on this form and the statements regarding finances made above by this applicant for admission to Bucknell University. I am (or my agency is) prepared to provide funds to pay the expenses for the period of time and to the extent indicated above.

SIGNATURE OF SPONSOR OR PARENT \_\_\_\_\_ DATE \_\_\_\_\_

NAME (please print) \_\_\_\_\_ TITLE OR POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

The completed statement with sponsor certification should be mailed prior to **November 15 for early Decision I** and **January 15 for Early Decision II or Regular Decision** to:

The Office of Admissions  
Bucknell University  
1 Dent Drive  
Lewisburg, Pennsylvania 17837