

# Bucknell

## 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 this 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. NAME  MR. FAMILY NAME GIVEN NAME(S)  
 MRS.  
 MISS

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.

|                                | YEARS OF STUDY IN THE UNITED STATES |             |             |             |
|--------------------------------|-------------------------------------|-------------|-------------|-------------|
|                                | FIRST                               | SECOND      | THIRD       | FOURTH      |
| SOURCE OF FUNDS:               | 20____-____                         | 20____-____ | 20____-____ | 20____-____ |
| PERSONAL SAVINGS               | \$ _____                            | \$ _____    | \$ _____    | \$ _____    |
| PARENTAL SUPPORT               | _____                               | _____       | _____       | _____       |
| Other sources (Please specify) | _____                               | _____       | _____       | _____       |
| _____                          | _____                               | _____       | _____       | _____       |
| TOTAL:                         | _____                               | _____       | _____       | _____       |

4. HOW MUCH MONEY DO YOU EXPECT TO HAVE WITH YOU WHEN YOU ARRIVE AT BUCKNELL UNIVERSITY? \_\_\_\_\_

5. DO YOU HOPE TO SUPPLEMENT THESE FUNDS FROM SOURCES IN THE UNITED STATES AFTER YOUR ARRIVAL? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 IF YOUR ANSWER IS YES, ATTACH A STATEMENT DESCRIBING THESE PLANS IN DETAIL, INDICATING SOURCES AND AMOUNTS OF THESE SUPPLEMENTAL FUNDS.

| 6. LIST THE PERSON FINANCIALLY DEPENDENT UPON YOU:<br>NAME | AGE | RELATIONSHIP | WILL THIS PERSON<br>COME TO THE UNITED<br>STATES WITH YOU? |
|--|-----|--------------|--|
|  |     |              |  |
|  |     |              |  |
|  |     |              |  |

7. DO YOU HAVE ADDITIONAL FUNDS AVAILABLE TO YOU IN CASE OF AN EMERGENCY AFTER YOUR ARRIVAL IN THE UNITED STATES:

YES \_\_\_\_\_ NO \_\_\_\_\_

AMOUNT AVAILABLE IN U.S. DOLLARS \_\_\_\_\_

**CERTIFICATION**

(The Application for Admission Can Not Be Considered Unless You Have Read, Signed, and Dated This Statement.)

8. I HEREBY CERTIFY THAT I HAVE READ AND DO 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**

9. (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, AND THE ADDITIONAL STATEMENT(S) ATTACHED TO THIS FORM.)

THIS IS TO 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. I AM MAILING THIS FORM DIRECTLY TO BUCKNELL.

Signature of Sponsor or Parent \_\_\_\_\_

Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title or Position \_\_\_\_\_

Address \_\_\_\_\_

COMPLETED STATEMENT, WITH SPONSOR CERTIFICATION  
SHOULD BE MAILED PRIOR TO FEBRUARY 1 TO:

THE OFFICE OF ADMISSIONS  
BUCKNELL UNIVERSITY  
LEWISBURG, PENNSYLVANIA 17837