

# 2022-23 INTERNATIONAL STUDENT FINANCIAL AID APPLICATION

Please submit your completed application to the **Admissions Office** by email: appdocs@bucknell.edu; mail: Admissions, Bucknell University, One Dent Drive, Lewisburg, PA 17837 USA; or fax: +1-570-577-3538.

	NAME				
	LAST		FIRST	PREFERRED FIRST	MIDDLE
	PERMANENT	ADDRESS			
		NO. AND STREET	TOWN OR CITY	PROVINCE OR STATE	COUNTRY
2.	EMAIL ADDRE		PARENT EMAIL ADD	DRESS	
3.	PLACE OF BIR	TH (Country)	DAT	E OF BIRTH	DAY YEAR
4.	EXPECTED VI	SA TYPE			
	☐ Immigra	nt (PR)	Acade	mic/Language (F)	
	☐ Nonacad	lemic Vocational (M)	Diplon	natic/Official (A or G)	
	☐ Exchange	e Visitor (J)	Other	(Please specify)	
5.	List the colleg	es/universities to which you are applying (op	ptional):		
_					
_					
			PARENTS' INFORMATION		
6.	PARENTS' MA	RITAL STATUS			
	☐ Married/	remarried Divorced/separated [	☐ Widowed ☐ Unmarried & living	g together	
7.	PARENT 1	NAME			AGE
	-	OCCUPATION/TITLE			
		OCCUPATION/TITLE			
	-	· 			
	-	EMPLOYER			
8.	PARENT 2	· 			AGE
8.	PARENT 2 _	EMPLOYER NAME			AGE
8.	PARENT 2 _	NAME  OCCUPATION/TITLE			AGE
8.	PARENT 2 _	EMPLOYER NAME			AGE

(continued)

## **HOUSEHOLD SIZE**

9. How many people do your parents support? Please include yourself, your parents, siblings and any other dependents who are supported by your parents and reside in your parents' household. (If there are not enough spaces below, please include additional family members/dependents on a separate sheet of paper.)

		2022-23 ACADEMIC YEAR			
Name of Family Member/Dependent	Age	Attendance Status (if this person is attending college at least half-time in the 2022-23 academic year as a degree-seeking undergraduate)	Name of College	College Graduation Year	Anticipated Parental Contribution
		FULL-TIME / HALF-TIME			
		FULL-TIME / HALF-TIME			
		FULL-TIME / HALF-TIME			
		FULL-TIME / HALF-TIME			
		FULL-TIME / HALF-TIME			
		FULL-TIME / HALF-TIME			
		FULL-TIME / HALF-TIME			
		FULL-TIME / HALF-TIME			

FINANCIAL INFORMATION					
Bucknell requires a bank statement as part of the admission process before an I-20 Form (required to obtain a student visa) can be issued. The bank statement should show the financial support that will be available to cover the family's stated expected financial contribution for at least the first academic year. Additionally, Bucknell may request tax forms, employer statements and other financial documents to verify the information provided in this application.					
10. Present exchange rate of your country's currency to the U.S. dollar? = \$1.00 (U.S.)					
11. Does your government currently impose restrictions on the exchange and release of funds for study in the U.S.?					
12. Do you have a source of emergency funds once you arrive in the U.S.?					
13. How will you pay for your transportation to the U.S.?					
14. During 2020, how much of your household income (before taxes or expenses) came from the following sources? (Please list in U.S. dollars.)					
a. Parent 1 Earnings \$	g. Pension/Annuity \$				
b. Parent 2 Earnings \$	h. Other Household Members \$				
c. Your Earnings \$	i. Interest/Dividends \$				
d. Your Spouse's Earnings \$	j. Allowance for Housing/Food \$				
e. Family Business \$	k. Other \$				
f. Real Estate Holdings \$					

ear purchased	Market Value of Home \$
Original Purchase Price (in U.S. dollars): \$	
Does your family own a business?	
Date Business Commenced	Market Value of Business \$
Type of Business	
List the values of the following assets (in U.S. dollars):	
a. Land/Buildings other than Home/Business \$	d. Stocks/Bonds \$
b. Indebtedness on Land/Buildings \$	
c. Savings \$	
Do you or your family have money/property/assets in anoth  If yes, give amount (in U.S. dollars) \$	
Do you or your family have money/property/assets in anoth  If yes, give amount (in U.S. dollars) \$  List amount spent by your family on each of the following or	EXPENSES
If yes, give amount (in U.S. dollars) \$	EXPENSES expenses during 2020 (in U.S. dollars):
If yes, give amount (in U.S. dollars) \$  List amount spent by your family on each of the following of the fo	EXPENSES  expenses during 2020 (in U.S. dollars):  j. Savings/Retirement \$
If yes, give amount (in U.S. dollars) \$  List amount spent by your family on each of the following a. Rent/Mortgage \$	EXPENSES  expenses during 2020 (in U.S. dollars):  j. Savings/Retirement \$ k. Automobile Maintenance \$
If yes, give amount (in U.S. dollars) \$  List amount spent by your family on each of the following a. Rent/Mortgage \$  b. Utilities \$	EXPENSES  expenses during 2020 (in U.S. dollars):  j. Savings/Retirement \$
If yes, give amount (in U.S. dollars) \$  List amount spent by your family on each of the following a. Rent/Mortgage \$  b. Utilities \$  c. Food \$	EXPENSES  expenses during 2020 (in U.S. dollars):  j. Savings/Retirement \$
If yes, give amount (in U.S. dollars) \$  List amount spent by your family on each of the following a. Rent/Mortgage \$_  b. Utilities \$_  c. Food \$_  d. Clothing \$	EXPENSES  expenses during 2020 (in U.S. dollars):  j. Savings/Retirement \$
If yes, give amount (in U.S. dollars) \$  List amount spent by your family on each of the following a. Rent/Mortgage \$  b. Utilities \$  c. Food \$  d. Clothing \$  e. Household Necessities \$	EXPENSES  expenses during 2020 (in U.S. dollars):  j. Savings/Retirement \$
List amount spent by your family on each of the following a. Rent/Mortgage \$	EXPENSES  expenses during 2020 (in U.S. dollars):  j. Savings/Retirement \$

(continued)

 ${\tt 20. Special\ Circumstances\ Explanation\ -\ Please\ share\ anything\ further\ you\ think\ we\ should\ know\ about\ your\ financial\ situation}}$ 

### **SUPPORT FOR EDUCATIONAL EXPENSES**

21. Indicate the dollar amount from each category that will go towards your educational expenses (in U.S. dollars). Enter the combined total at the bottom.

		SCHOOL YEAR			
	2022-23	2023-24	2024-25	2025-26	
Contribution from Parents' Income	\$	\$	\$	\$	
Contribution from Parents' Assets	\$	\$	\$	\$	
Contribution from Your Income	\$	\$	\$	\$	
Contribution from Your Assets	\$	\$	\$	\$	
Contribution from Relatives & Friends	\$	\$	\$	\$	
Contribution from Your Government	\$	\$	\$	\$	
Contribution from Agencies/Foundations	\$	\$	\$	\$	
Contribution from Private Sponsor	\$	\$	\$	\$	
Contribution from Other	\$	\$	\$	\$	
COMBINED TOTAL	\$	\$	\$	\$	

#### **CERTIFICATION and AUTHORIZATION**

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

### The student and at least one parent must sign below, certifying that all information reported on this form is correct.

We understand that Bucknell may withhold or cancel financial aid if we do not provide any required and/or requested information. We understand that providing false information may jeopardize the student's visa status and may result in revocation of admission. We understand that the information provided on our financial aid documents may be shared with the applicant and with other agencies from which we are requesting aid. We understand that total gift aid at Bucknell cannot exceed the cost of attendance. We give our permission for the Office of Financial Aid at Bucknell University to communicate with the student electronically via the student's email account. We understand that enrollment at Bucknell University constitutes a contractual financial obligation to pay tuition and fees for classes in which the student is enrolled, and that the student's financial obligations are required by the due date set by the University each semester.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF PARENT 1	DATE
SIGNATURE OF PARENT 2	DATE

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