



**Affidavit of Support and Financial Statement
International Student (F1)
Important Confidential Information**

International students are required to submit specific documentation of yearly funds available to cover each year of study at the University. **THIS FORM MUST BE RETURNED AS SOON AS POSSIBLE TO BE CONSIDERED FOR ADMISSION.** Form I-20, used for the issuance of a visa, cannot be issued to you until you have been admitted to the University and satisfactorily completed and returned this form. All questions must be answered in full. Omission of any answer may cause delay in or denial of admission to the University. This form is valid for 6 MONTHS ONLY from date of signature. Unsigned forms will not be accepted.

Fontbonne University's average cost is estimated in the following:

Undergraduate	9 Months
Tuition & Fees:	\$28,140
Living Expenses:	\$12,000
Health Insurance:	\$1,600.00
Total:	\$41,740

Graduate	9 Months
Tuition & Fees:	\$14,800
Living Expenses:	\$12,000
Health Insurance:	\$1,600.00
Total:	\$28,400

ESL	9 Months
Tuition & Fees:	\$11,330
Living Expenses:	\$12,000
Health Insurance:	\$1,600.00
Total:	\$24,930

All fees are subject to change without notice. When computing your expenses, remember that students holding a Student (F-1) visa will not be authorized to work off campus. Therefore, applicants should not look to employment, either part time during the academic year or full time during the summer, as a significant means of support.

For dependents to be included on the I-20, add \$8,000 per academic year for each dependent. (Spouses of F-1 visa holders are not permitted to work under any circumstances.)

You may need this documentation to prove to the United States Consular Operations that you have sufficient funds. We suggest, therefore, that you make copies of all documents for this purpose.

Official certificates of sources of funds and amounts

Please complete sections below, with appropriate signatures:

Applicant's name: _____

1. **Family member/sponsor** (if listed on page 2): This is to certify that I have read the information on this form, that it is true and accurate, and that the funds are available. I guarantee to provide sufficient funds to cover expenses while applicant is studying at Fontbonne University. (Attach document certifying balance.)

Signature _____ Date _____
Name _____
Relationship to applicant _____
Address _____

Signature _____ Date _____
Name _____
Relationship to applicant _____
Address _____

2. **Applicant:** I, (print name) _____, certify the information I have provided is correct and complete and that I shall not require additional financial assistance from Fontbonne University. I further understand that if any of this information changes prior to my enrollment, I must notify Fontbonne University immediately.

Applicant's Signature: _____ Date: _____

Fontbonne University does not discriminate on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs and activities sponsored by FBU: https://www.fontbonne.edu/wp-content/uploads/2015/10/FBU_Nondiscrimination_Policy_2014-15_Final_Version_July_26_2015.pdf