

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:	\$28,550
Living Expenses:	\$12,000
Health Insurance:	\$1,600
Total:	\$42,150

Graduate	9 Months
Tuition & Fees:	\$14,800
Living Expenses:	\$12,000
Health Insurance:	\$1,600
Total:	\$28,400

ESL	9 Months
Tuition & Fees:	\$11,330
Living Expenses:	\$12,000
Health Insurance:	\$1,600
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.

APPLICANT'S NAM	E:				
Country of Right	Family na	me	First	Middle	
Country of Birth:					
Country of Citizenship	:				
City of Birth:					
Are you currently in th If "Yes" what i		☐ Yes ☐ No (F-1, J-1, etc.):			
List the following info	rmation for all dep	pendents (submit co	py of passport page for	or each dependent):	
Name	Relationship	Date of Birth	Country of Birth	Country of Citizenship	Gender
1					
1					
	ces of Financial Su	upport	Amount in U	U.S. Dollars	
1. Personal and/or Fa Name of Person: Name of Bank: (Submit bank statement)			\$		
2. Government Spon	sor (Print name of	Fagency)	\$		
(Enclose signed copy	of letter certifying	g sponsorship)			
3. Sponsor Print name of each pe			\$		
3. (Signature is required					
Fontbonne University Name of Award:			\$		
TOTALS Each of these totals st the first page of the co			\$		

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Official certificates of sources of funds and amounts

Signature	Date
Name	
Kelationship to applicant	
Signature	Date
Name	
Relationship to applicant	
Address	

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

July 2023