

# AFFIDAVIT OF FINANCIAL SUPPORT For International Applicants



**Estimated expenses:** 1 semester, exchange international student

Tuition*	\$0	Books and supplies (estimate)	\$750
Room and board**	\$4,444	Health insurance*** (required)	\$650
General fee	\$600	<b>TOTAL</b>	<b>\$6,444</b>

\* Full time: 12-18 credits per semester, 1 semesters (August to December or January to May)  
 \*\* 1 semesters. Room and Board fees are based on double room in residence halls and the 19-meal-per-week plan for 1 semester.  
 \*\*\* All students must have health insurance while enrolled at Finlandia University. Students are not required to purchase a U.S. health insurance policy if they have pre-approved, comparable insurance from their home country.

**Sources of Funds**—PLEASE PRINT full name IN ENGLISH

Assured funds in USD for each academic year: Please indicate in United States dollars the financial resources you will have available. You must show sufficient funds for at least the first year of study, half paid in August and half in January. **Note that you will need to pay your first semester bill, in full, upon arrival.**

1. Parent or Sponsor—Name (s) \_\_\_\_\_ (Signature required on verification below.) (USD)\$ \_\_\_\_\_

2. Personal Savings—Name of bank \_\_\_\_\_ (USD)\$ \_\_\_\_\_  
 \_\_\_\_\_ (USD)\$ \_\_\_\_\_

3. Your Government—Name of agency (Enclose a signed copy of your letter of award) \_\_\_\_\_ (USD)\$ \_\_\_\_\_  
 \_\_\_\_\_ (USD)\$ \_\_\_\_\_

4. Other—Please specify \_\_\_\_\_ (USD)\$ \_\_\_\_\_  
 (Enclose signed affidavits or award letters from authorized person or organization)  
 \_\_\_\_\_ (USD)\$ \_\_\_\_\_

**TOTAL** available funds for your education  
 \_\_\_\_\_ (USD)\$ \_\_\_\_\_  
 \_\_\_\_\_ (USD)\$ \_\_\_\_\_

**Official Verification of Sources and Amounts of Funds**

1. This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement and that the funds are available and will be provided as indicated.

<b>Parent's or sponsor's name(s)</b> printed _____	Parent's or sponsor's signature (s) _____
Relationship to applicant _____	Date (dd/mm/yyyy) _____
Address _____	E-mail _____

And/or

2. This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available.

<b>Bank official's name</b> _____	Bank official's signature _____
Title or position _____	Date (dd/mm/yyyy) _____
Address _____	E-mail _____

*APPLICANT: I certify that I have read and understood the instructions. To the best of my knowledge, the statements made on this financial support form are accurate and complete. I understand the financial requirements of the university, and that I am responsible for providing the necessary financial support, or proof of financial support. If admitted, I agree to comply with the rules and regulations of the university.*

*Failure to provide full documentation or falsification of credentials will terminate my student visa and enrollment eligibility at Finlandia University.*

**Student's name** \_\_\_\_\_ **Date (dd/mm/yyyy)** \_\_\_\_\_

**Student's signature** \_\_\_\_\_

*Finlandia University is an equal opportunity educational institution/equal opportunity employer.*

*Updated: May, 2019, subject to change*

*E-mail: [international@finlandia.edu](mailto:international@finlandia.edu)*