

# FINLANDIA UNIVERSITY

## AFFIDAVIT OF FINANCIAL SUPPORT FOR CANADIAN APPLICANTS

**Estimated expenses:** 2 semesters, on campus, degree-seeking international student

Tuition*	\$23,976	Books and supplies (estimate)	\$1,500
Room and board**	\$9,156	Health insurance*** (required)	\$1,500
General fee	\$600	Less payment savings at par****	\$6,746
<b>TOTAL</b>	<b>\$26,986</b>		

\* Full time: 12-18 credits per semester, 2 semesters (August to May) - Tuition amount reflects 15 credits

\*\* 2 semesters. Room and Board fees are based on double room in residence halls and the 19-meal-per-week plan for 2 semesters.

\*\*\* 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.

\*\*\*\* Balance due to Finlandia University savings at par requires payment via wire transfer or Canadian cheque(s). Savings amount is based on USD/CAD exchange rate at time of payment(s). This affidavit uses an example savings percentage of 20%. Savings not to exceed 30% as a maximum, regardless of exchange rate at time of payment. Financial Aid awards are customized and provided to prospective students following application acceptance, and *will include example savings percentages subject to change based on exchange rate fluctuation.*

### 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.

**Parent's or sponsor's name(s)** 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.

**Bank official's name** \_\_\_\_\_ 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 December 2020, subject to change*