

FINLANDIA UNIVERSITY

AFFIDAVIT OF FINANCIAL SUPPORT FOR INTERNATIONAL APPLICANTS

Estimated expenses (USD): 2 semesters, on campus, degree-seeking international student

| | | | |
|-------------------------|-----------------|--|-----------------|
| Tuition*..... | \$24,696 | Books and supplies (estimate)..... | \$1,500 |
| Room and board**..... | \$9,668 | Health insurance*** (required)..... | \$1,500 |
| General fee..... | \$600 | Minimum institutional financial aid..... | \$6,800 |
| TOTAL (USD)..... | | | \$31,164 |

* Full time: 12-18 credits per semester, 2 semesters (fall and spring) - Tuition amount reflects 15 credits

** 2 semesters. Room and Board fees are based on double room in residence halls and the unlimited meal plan for 2 semesters.

*** All students must have health insurance while enrolled. Students are not required to purchase a U.S. health insurance policy if they have pre-approved, comparable insurance from their home country. Finlandia does not offer health insurance for students.

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. **First semester bill must be paid 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 (Enclose signed affidavits or award letter from authorized person or organization) (USD)\$ _____

(USD)\$ _____

TOTAL available funds for your education **(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.

Student's name _____ Date (dd/mm/yyyy) _____

Student's signature _____

Finlandia University is an equal opportunity educational institution/equal opportunity employer. Updated January 2022, subject to change