



THIS IS A TWO-PAGE FORM. PLEASE READ THE ENTIRE DOCUMENT BEFORE COMPLETING THIS FORM.

Institutional compliance with U.S. law and immigration regulations requires that all international applicants provide evidence of sufficient financial resources to support their education. The total of estimated funds available to you from your personal or sponsored funding must at least meet the total of estimated academic year costs for your degree program at La Roche University. Funds available must be indicated in U.S. dollars. International students are not eligible for financial aid and in the U.S.

Federal immigration regulations severely restrict international student employment. Students should not expect to subsidize their studies by earning income in the United States.

INSTRUCTIONS:

Part I: Answer all questions in Part I completely.

Part II: In the first column, indicate the source of your funding. In the column labeled Year I, indicate the amount in U.S. dollars available for each year of study. Each sponsor must verify these amounts by signing the form. Be sure to include supplementary documents as indicated and provide official documentation of funding. Please note that if you send originals by mail, you must retain a set of originals for your visa interview. The originals sent to the campus will not be returned.

All financial documentation must be dated within 6 months of the initial enrollment date. Tuition and fee estimates, as well as cost of living expenses, are subject to change without notice and will usually increase each year. Students must be prepared to meet these increases.

FUNDING SOURCES – REQUIRED DOCUMENTATION:

Personal/Family: Signatures of sponsors on this form. Bank verification on both this form and in a separate bank statement.
Government or Employer: Official letter indicating amount of support and containing the name of the student, the amount of money available for each year of study, the duration of the award (including beginning and ending dates) and the degree and major field of study for the award.

Loans: Official letter from credit institution indicating approval of the loan and the amount approved.

Dependent Support: A student wishing to have his/her spouse and/or children accompany him/her must document additional funding for each family member per calendar year of intended study.

PART I – PRINT AND WRITE CLEARLY IN INK.

STUDENT NAME:		FAMILY/LAST NAME	FIRST/GIVEN	MIDDLE
PERMANENT ADDRESS IN HOME COUNTRY:		STREET		
CITY	PROVINCE (IF APPLICABLE)	COUNTRY	POSTAL CODE	
EMAIL			TELEPHONE NUMBER	
COUNTRY OF CITIZENSHIP	COUNTRY OF BIRTH	DATE OF BIRTH (MONTH/DAY/YEAR)		
DEGREE FOR WHICH YOU ARE APPLYING	MAJOR			
DEPENDENTS:		U.S. FUNDING:		
<input type="checkbox"/> I will not bring dependents <input type="checkbox"/> I plan to bring dependents		Do you have a friend or relative in the U.S. for emergency funds once you arrive in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name source _____ Location in U.S. _____ Relationship _____		



PART II – COMPLETE ALL THAT APPLY.

Enter amount of assured support for the first year in U.S. dollars. These funds, plus expected increases, are expected to be available for each year of study in the U.S. by the student's funding source/sponsor.

SOURCE OF FUNDS	YEAR 1	REQUIRED DOCUMENTATION
PERSONAL SAVINGS Name of Bank _____ Account Holder _____	\$	1. Bank Statement/Letter from Bank on official bank letterhead. 2. Complete sections A and C below.
FAMILY/RELATIVE/SPONSOR Name _____	\$	1. Bank Statement/Letter from Bank on official bank letterhead. 2. Complete sections A, B and C below.
GOVERNMENT/EMPLOYER/OTHER Name of Sponsor _____ Other (specify source and type of support) _____ _____	\$	1. Official letter of support. See instructions on page 1. 2. Bank statements, affidavits or sworn statements. 3. Complete section C below.
TOTAL	\$	

VERIFICATION:

A. *To be completed by bank official. This is to certify that the funds indicated above are on deposit or are being held in the name of the account holder listed above, family members, or sponsors at the savings institution name below. Verification of amounts is without liability for the bank or its officials. Attach separate statement of accounts on official bank letterhead with official signature/seal.

- Name of Bank _____ Date _____ - _____ - _____
MM DD YYYY
- Bank Official's Name _____ Signature _____
- Bank Official's Title _____ Signature _____

B. *To be completed by financial sponsor. This is to certify that I the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at La Roche University and that I am submitting bank statements indicating the availability of these funds. I further understand that La Roche University cannot provide ANY financial assistance to the applicant and that I must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment. If the student has more than one sponsor, please provide the names, signatures and relationship information on a separate page.

- Sponsor's Name _____ Relationship to Applicant _____ Date _____ - _____ - _____
MM DD YYYY
- Sponsor's Signature _____ Date _____ - _____ - _____
MM DD YYYY

C. *To be completed by student. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admissions, or cancellation of registration following enrollment.

- Applicant Signature _____ Date _____ - _____ - _____
MM DD YYYY