

Son/Daughter:

Circle one

Full name as it appears on passport

## **CERTIFICATION OF AVAILABLE FINANCES 2019-20: UNDERGRADUATE**

In compliance with the U.S. Department of Homeland Security, Creighton University is required to obtain certification that applicants have funds to cover expenses for their studies. To receive an I-20, you must complete this **Certification of Available Finances** and include the required documents. Please **print.** 

PERSONAL INFORMATION

YOUR NAME:			/	DATE OF BIRTH	OF BIRTH:					
	famil	y name	first (given) name	middle name		month	day	year		
COUNTRY OF BIRTH:			_ COUNTRY OF CITI	ZENSHIP:	E-1	MAIL:				
PE	RMANENT HOME	ADDRESS:								
MAILING ADDRESS:PHONE:										
REQUIRED FINANCIAL SUPPORT FOR THE ACADEMIC YEAR (9 MONTHS):										
Ī	Tuition and Fees						\$	41,465		
	Living Expenses (Double occupancy; 19 meals a week)							11,274		
	Other (Required h	nealth insurance, book						5,930		
					TC	TAL	\$	58,669		
		Please note:	The above costs are	estimates and s	ubject to change.					
HE	ALTH INSURANCE	₫								
	Creighton requires that all students holding F-1 visas continuously enroll in Creighton's <b>health insurance</b> plan (12-montl coverage). The plan pays for customary and reasonable expenses for any medically necessary covered medical expenses medical evacuation and repatriation of remains.									
ВС	OOKS AND PERSO	NAL EXPENSES								
Expenses are approximate. Book costs vary according to courses taken and personal expenses vary according to individual preferences.										
SU	IMMER EXPENSES	3								
	If you are planning to stay in the U.S. during the summer, be sure to include room, board, local transportation, and personal expenses to your annual budget. If you want to attend summer school, add the costs of tuition, fees, books, and other costs to your annual budget.									
SP	OUSE/DEPENDEN	тѕ								
	If you plan to bring your spouse and children with you as dependents, you must provide evidence of additional financial support for each person: \$6,000 per year for spouse; \$3,000 per year per child. For each dependent, please provide the following:									
	Spouse:	ıll name as it appears on	nacenort	ate of birth	Place of birth	Countr	v of c	tizenship		
			μαοομύτι Ε	ale UI DIIIII	Fiace Oi มิแน่	Country	y OI CI	ιΖσποιτιμ		
	Son/Daughter: _ Circle one	Full name as it appea	rs on passport E	Pate of birth	Place of birth	Country	y of ci	tizenship		

Date of birth

Place of birth

Country of citizenship

## **CERTIFICATION OF APPLICANT'S SOURCES OF FUNDS**

INSTRUC	CTIONS									
Documen	ay come from personal finances, fami station from you and/or your sponsor(s) If your funds are available in other cur	must indicate funds available	in U.S. dollars or in o	ther currency for your first year						
<ul> <li>Keep in mind that</li> <li>(1) the full course of study for a bachelor's degree usually requires four years; some students, however, may need more than four years to complete requirements for a degree</li> <li>(2) the costs outlined on Page 1 are expected to increase every year</li> </ul>										
Attach or six (6) m	ne or more of the following original suponths:	pporting financial document	ts (with English tran	slation) issued within the past						
• o	Official bank statement describing the account activity.									
• o	Official letter from the bank on letterhead indicating the date the account was opened, average balance and current balance.									
<ul> <li>A letter of scholarship or sponsorship written on official letterhead, indicating the amount, source and date of the award.</li> <li>Include the name, position and signature of the person authorizing the award.</li> </ul>										
Please ch	neck your sources of funds and write the	e amount each source will pro	vide <b>in U.S. dollars</b> :							
		ASSURED SUPPORT 2019-20		MBINED SUPPORT ee years (2019-22)						
	ERSONAL FUNDS	\$								
	AMILY/OTHER FUNDS									
_	CHOLARSHIP or SPONSORSHIP AL SUPPORT FROM ALL SOURCES	\$								
101	AL SUPPORT FROM ALL SOURCES	\$ 30,009								
AFFIDAV	ITS OF SUPPORT									
"I ha perio	PERSONAL FUNDS (If you are financially responsible for yourself, sign below and attach a bank statement)  "I have read the information in this Certification of Available Finances regarding the cost of tuition and living expenses for my period of study at Creighton. I certify that these funds are available (see documents provided by my bank) and I accept full responsibility for these expenses."									
Nam	e of Applicant:	Signature: _		Date:						
for y "I ha perio respo	FAMILY or OTHER INDIVIDUALS (The relative or individual[s] in the U.S. or abroad who is[are] financially responsible for you must sign the statement below and attach a bank statement)  "I have read the information in this Certification of Available Finances regarding the cost of tuition and living expenses for the period of study at Creighton. I certify that these funds are available (see documents provided by my bank) and I accept full responsibility for these expenses."									
	e of Person Financially Responsible:		_							
1	Relationship to the Applicant:	·		Date:						
Nam	e of Person Financially Responsible:		Signature:							
1	Relationship to the Applicant:			Date:						
If you letter name	SCHOLARSHIP OR SPONSORSHIP  If you will receive a scholarship or will be sponsored by a company, agency, foundation or government agency, please attach letter verifying the amount, source, and dates of the award. The letter must be written on official letterhead and must include the name, position and signature of the person authorizing the support, and addressed to Creighton University.  Name of Sponsoring Company, Agency, Foundation or Government Agency:									

After completing pages 1 and 2 of this form, please upload the form with all supporting documentation to:

I certify that the information on this form is correct and complete. I understand that any false information may be cause for denying

SIGNATURE OF THE APPLICANT:

or revoking admission.

https://admissions.creighton.edu/documents

DATE: