**CONFIDENTIAL STATEMENT OF FINANCES FOR INTERNATIONAL STUDENTS**

*(continued)*

**DIRECTIONS TO THE APPLICANT:**

Read the following questions carefully before completing and submitting this form. All international student applicants must docu- ment their ability to meet all education and living expenses for the entire period of their intended study before Bucknell University can issue a Certificate of Visa Eligibility (Form 1-20 or IAP-66). Please review the information about anticipated costs of attending Bucknell University here: bucknell.edu/admissions/international-admissions/paying-for-bucknell. If you are not applying for financial aid, attach an original bank statement indicating U.S. dollar amount of personal/parent savings or notarized affidavit indicating guaranteed support from a relative, government or other sponsoring agency.

1. NAME

FAMILY NAME GIVEN NAME(S) PREFERRED FIRST NAME

1. HOME ADDRESS

NO. AND STREET TOWN OR CITY PROVINCE OR STATE COUNTRY

1. EMAIL 4. DATE OF BIRTH

MM/DD/YYYY

5. Indicate in the following table the sources and amounts of money in U.S. dollars that you expect to have available each year to meet necessary expenses.

 **YEARS OF STUDY IN THE UNITED STATES**

**FIRST SECOND THIRD FOURTH**

**SOURCE(S) OF FUNDS:** 20 – 20 – 20 – 20 –

PERSONAL SAVINGS $ $ $ $

PARENTAL SUPPORT $ $ $ $

OTHER (Please specify) $ $ $ $

**TOTAL FUNDS $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_**

1. How much money do you expect to have when you arrive at Bucknell University?
2. Do you hope to supplement these funds from sources in the United States after you arrive?  **YES**  **NO**

*If you answered yes, attach a statement describing those plans in detail, including sources and amounts of these supplemental funds.*

1. List any person financially dependent on you:

NAME AGE RELATIONSHIP COMING TO U.S. WITH YOU?

NAME AGE RELATIONSHIP COMING TO U.S. WITH YOU?

NAME AGE RELATIONSHIP COMING TO U.S. WITH YOU?

1. Do you have additional funds available to you in case of an emergency after your arrival in the United States?
	* **YES** (Please indicate amount available in U.S. dollars $ )  **NO**

**CERTIFICATION**

*We cannot consider your application for admission unless you have read, signed and dated this statement.*

**CERTIFICATION BY SPONSOR OR PARENT PROVIDING FINANCIAL SUPPORT**

For your application to be considered, the following certification must be signed by the person providing any part of your funds or by an official of the agency, organization or firm sponsoring your studies. If the sponsor wishes to supplement this statement or state any special condition or limitations, a letter of explanation may be attached. If more than one sponsor is aiding the applicant, the following certification must be copied and signed by each sponsor. Attach the additional statements to this form.

The completed statement with sponsor certification should be sent prior to November 15 (for Early Decision I) or January 15 (for Early Decision II and Regular Decision) to the Office of Admissions by one of the following:

Email: appdocs@bucknell.edu

Mail: Office of Admissions, Bucknell University, One Dent Drive, Lewisburg, PA 17837

Fax:

570-577-3538

11. I certify that I have read the information given on this form and the statements regarding finances made above by this applicant for admission to Bucknell University. I am (or my agency is) prepared to provide funds to pay the expenses for the period of time and to the extent indicated above.

SIGNATURE OF SPONSOR OR PARENT DATE

NAME (please print) TITLE OR POSITION

ADDRESS

10. I hereby certify that I have read and understand the information on expenses provided at bucknell.edu/admissions/ international-admissions/paying-for-bucknell and that the information I have given on this form is complete and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT DATE