

DECLARATION OF FINANCES 2023-24 confidential

RETURN TO:

International Admissions St. Ambrose University 518 W. Locust St. Davenport, IA 52803 USA

Fax: 563-333-6243 international@sau.edu www.sau.edu/international

International student admission for F-1 and J-1 visa holders cannot be finalized (nor can your immigration document be issued) until this completed form and supporting financial documentation are returned to St. Ambrose University.

Student Information				
N				
Name	Last/Family	First/Given	Middle	
Mailing Address				
Phone Number				
Email Address				
C				
Sources of Funds Estimated Cost (tuition	room & board, books, health insur		Cost of A	Attending details
This estimate is for the first y	rear only. For subsequent years, expect tui	ion increases due to inflation and cost of l	living increases.	
St. Ambrose University Scholarship		\$		
Total Proof of Funding	Student Needs	\$	Dependent	ts 5,000 per year
Please show your funding				800 per year
	ars. Please PRINT all entries.	Assured	d Support	
	f paper for explanation if necessary.	Firs	st Year	
Personal or Family Savi		¢		
Name of Bank Enclose with this form a supp	porting letter signed by a bank official or a	current bank statement.		
Parents and/or Sponsors	s			
-		\$		
				
	porting letter signed by a bank official or a			
Your Government or otl	her agency			
Name of Agency		<u>\$</u>		
		•		
Name of Agency		<u> </u>	 Total P	roof of Funding
			Stu	ident Needs
This total should equal the To Student Needs for one year	otal Proof of Funding	TOTAL \$	= \$	
I certify that	Signature of Student			
the information provided here	Signature of Student			
is correct and complete.	Date		nail this Document along with	
-		financial docume	ents to international@sau.ed	<u>lu</u>