



# DECLARATION OF FINANCES 2021-22

## confidential

**RETURN TO:**  
 International Admissions  
 St. Ambrose University  
 518 W. Locust St.  
 Davenport, IA 52803 USA  
 Fax: 563-333-6243  
[international@sau.edu](mailto:international@sau.edu)  
[www.sau.edu/international](http://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

|                 |  |             |             |        |
|-----------------|--|-------------|-------------|--------|
| Name            |  | Last/Family | First/Given | Middle |
| Mailing Address |  |             |             |        |
|                 |  |             |             |        |
| Phone Number    |  |             |             |        |
| Email Address   |  |             |             |        |

### Sources of Funds

|   |   |
|---|---|
| <b>Estimated Cost (tuition, room &amp; board, books, health insurance, personal)</b> \$ _____   | <a href="#">Cost of Attending details</a> |
| This estimate is for the first year only. For subsequent years, expect tuition increases due to inflation and cost of living increases. |   |
| <b>St. Ambrose University Scholarship</b>   | \$ _____                                  |
| <b>Total Proof of Funding Student Needs</b>   | \$ _____                                  |
| Please show your funding sources below.   |   |
| Enter amounts in US dollars. Please PRINT all entries.<br>Use an additional sheet of paper for explanation if necessary.                |   |
|   | <b>Assured Support<br/>First Year</b>     |
| <b>Personal or Family Savings</b>   |   |
| Name of Bank _____  | \$ _____                                  |
| Enclose with this form a supporting letter signed by a bank official or a current bank statement.                                       |   |
| <b>Parents and/or Sponsors</b>  |   |
| Name _____  | \$ _____                                  |
| Name _____  | \$ _____                                  |
| Enclose with this form a supporting letter signed by a bank official or a current bank statement.                                       |   |
| <b>Your Government or other agency</b>  |   |
| Name of Agency _____  | \$ _____                                  |
| Enclose with this form a signed copy of your award letter.  |   |
| Name of Agency _____  | \$ _____                                  |
| Enclose with this form a signed copy of your award letter.  |   |
| This total should equal the Total Proof of Funding Student Needs for one year   | <b>TOTAL</b> \$ _____ = \$ _____          |

Dependents  
 Spouse: \$6,000 per year  
 Child: \$4,800 per year

**Total Proof of Funding  
Student Needs**

|   |  |   |
|---|--|---|
| I certify that the information provided here is correct and complete. | Signature of Student _____<br><br>Date _____ | Please <b>Save &amp; Email</b> this Document along with <b>supporting financial documents</b> to <a href="mailto:international@sau.edu">international@sau.edu</a> |
|---|--|---|