

# Indiana University of Pennsylvania Affidavit of Financial Support

Submit to:  
Admissions Officer  
American Language Institute  
Indiana University of Pennsylvania  
214 Eicher Hall , 830 Grant St  
Indiana, PA 15705-1000 USA

**It is necessary that IUP have adequate information regarding an international student's financial resources. The purpose of this Affidavit of Financial Support is to demonstrate that you, or your sponsor, are capable of full financial responsibility for your tuition, fees, books, housing, etc., during your undergraduate studies at IUP. This information will be kept confidential. Please convert all sums to U.S. dollars.**

1. Your name: Mr./Mrs./Miss \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_
2. Are you financially independent? \_\_\_\_\_ YES (continue with questions 2a) \_\_\_\_\_ NO (skip to question 3 )
  - a. What is your annual income (after taxes)? US\$ \_\_\_\_\_
  - b. What is the TOTAL amount of your (student's) personal savings? US\$ \_\_\_\_\_ Skip to question 5
3.
  - a. Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_
  - b. Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_
  - c. Father's annual income (after taxes) US\$ \_\_\_\_\_ Mother's annual income (after taxes) US\$ \_\_\_\_\_
  - d. If you are a dependent, how many other dependents does your family have who are currently attending a college or university? \_\_\_\_\_
4. Name of your sponsor (if parent is not sponsor) \_\_\_\_\_
  - a. Sponsor's occupation \_\_\_\_\_
  - b. Sponsor's annual income (after taxes) US\$ \_\_\_\_\_

5. How much money will you have for your FIRST YEAR of study from all sources:

Personal savings US\$ \_\_\_\_\_

**Note: Undergraduates must show a total of Family US\$**

**\$26800,000.00 for Fall and Spring semesters.**

Other (specify source) US\$ \_\_\_\_\_  
**\$23900.00.**

**Graduates must show a total of**

Sponsor US\$ \_\_\_\_\_

**Summer is optional – additional**

**TOTAL FOR FIRST YEAR US\$ \_\_\_\_\_**

**tuition is required.**

**CERTIFICATION OF APPLICANT:** I hereby certify that the information given on this form is complete and accurate. If not, I recognize the right of Indiana University of Pennsylvania to cancel my admission.

Signature of Applicant: \_\_\_\_\_

**D**

**CERTIFICATION OF PARENT (IF**

**STUDENT ANSWERED NO TO #2):** I hereby certify that the information on this form .

is complete and accurate

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION OF SPONSOR (IF DIFFERENT FROM STUDENT AND PARENT):** I hereby certify that the information on this form is complete and accurate.

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Sponsor: \_\_\_\_\_

**NOTE: IUP cannot be responsible in any way for dependents accompanying you to the U.S. and will not provide for dependents.**