

Indiana University of Pennsylvania

Affidavit of Financial Support

Submit to :
Admissions Officer
American Language Institute
Indiana University of Pennsylvania
214 Eicher Hall , 860 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\$ _____
TOTAL FOR FIRST YEAR US\$ _____

Note:
Undergraduates must show a total of Family \$26,800 for Fall and Spring semesters.
Other (specify source) US\$ _____
Graduates must show a total of \$23,900.
Sponsor US\$ _____
Summer is optional – additional 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: _____ Date: _____

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.