Statement of Financial Responsibility

Applicant's Full Name:



Asbury University and the United States government require all international students to provide certification of adequate financial support. Students are expected to pay tuition, living expenses and fees at the beginning of each semester. Living expenses vary depending upon the student's individual arrangements. Tuition, fees and residence hall costs can be found in the University's current catalog or by contacting the Admissions Office. Additional expenses include books, transportation, health insurance and personal expenses. IMPORTANT: Give all monetary figures in United States dollars. All documents should be officially translated into English, if necessary. Please print.

2.	If there are persons who will be dependent on you for financial surelationship to you and your plan for their financial support while coming with you to the US.	you are in the Unit	ed States. Identify		
3.	List the amount of money you will have for your use each year in t	he United States fr	om each of the fo	llowing sources	 5.
	Student's Sources of Funds	Assured Support	P	rojected Supp	ort
		First Year	Second Year	Third Year	Fourth Year
	A. Personal or family savings Name of Bank: Amount on Deposit Currently: \$ Enclose a certified copy of your/your family's bank statement(s).				
	B. Funds from Parents Money available from sources other than savings Have parent(s) complete section 4a on back.				
	C. Funds from Outside Sources - Sponsor #1 Sponsor's Name: Have sponsor complete section 4b on back.				
	D. Funds from Outside Sources - Sponsor #2 Sponsor's Name: Have sponsor complete section 4c on back.				
	E. Funds from Outside Sources - Sponsor #3 Sponsor's Name: Have sponsor complete section 4d on back.				
	F. Government Funds Name of Agency or other source of government funding: Attach a signed copy of your letter or award.				
	G. Other Give details on separate piece of paper and attach appropriate documentation.				

Α.	Parents				
	l (we) certify that I (we) have read the information furnished on this form, that it is true and accurate, and that the funds are available and be provided for the student's educational expenses as indicated.				
Fath	er's Name		Mother's Name		
Sign	ature of Father	Date	Signature of Mother Date		
Addr	ress				
l cert	Sponsor #1 ify that I have read the information furnished on the ided for the student's educational expenses as indicated for the student's education educated for the student's educated for the		at it is true and accurate, and that the funds are available and will be		
Spor	nsor Name and/or Name of Organization		Relationship to Student		
Addr	ress				
Signa	ature		Date		
l cert			at it is true and accurate, and that the funds are available and will be		
l cert provi	•		at it is true and accurate, and that the funds are available and will be Relationship to Student		
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Office of Admissions | Asbury University | One Macklem Drive | Wilmore, KY 40390 | Fax 859.858.3921 | admissions@asbury.edu

Date

I certify that the statements on this form are accurate and complete. I understand that any misrepresentation may be cause

for refusing or revoking admission to Asbury University.

Signature of applicant