


**SALISBURY UNIVERSITY CONFIDENTIAL DECLARATION OF FINANCES (F-1 STUDENTS)**

Center for International Education • 1101 Camden Avenue • Salisbury, Maryland 21801 • 410-677-5495 • toll free at 888-543-0148 • FAX 410-677-6563

Any student wishing to attend Salisbury University in an F-1 immigration status MUST complete the Confidential Declaration of Finances. This form is considered complete ONLY when financial documentation is provided (e.g. letters from banks certifying availability of funds, letters of sponsorship from private sponsors, governments or employers). The Confidential Declaration of Finances is used to determine the applicant's ability to cover the cost of attending Salisbury University. All supporting documents must be **original, in English and amounts must be in U.S. dollars and issued within 12 months of application.** According to the United States Department of Homeland Security, Salisbury University may only issue a "Certificate of Eligibility" (I-20) if the applicant has been offered admission to this institution and has submitted appropriate financial documentation. A copy of these documents will be sent to you with your I-20. You must show both forms to the U.S. embassy/consulate to obtain your visa.

 Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Family Name (Last), Given Name (First), Middle or Maiden Name Month/Day/Year

 Are you in the U.S.?  Yes  No If yes, what is your current immigration status? \_\_\_\_\_

**Please include a copy of the identification page of your passport and of your I-94 (if in the United States).**
**SECTION 1-COMplete the following information for each of your dependents**

If no dependents, please move to next section

First dependent's name \_\_\_\_\_

 Relationship to student \_\_\_\_\_ Country of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/Day/Year

 This dependent will come to the U.S. to live with the student  Yes  No Gender of dependent  Male  Female

Second dependent's name \_\_\_\_\_

 Relationship to student \_\_\_\_\_ Country of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/Day/Year

 This dependent will come to the U.S. to live with the student?  Yes  No Gender of dependent  Male  Female

If more than two dependents, please provide the above information on an additional sheet.

Note: For each dependent coming to the U.S., an additional \$3,600 must be verified.

**SECTION 2-ESTIMATED EXPENSES**

	<b>Undergraduate School Year</b>	<b>Graduate School Year</b>	<b>One Year M.B.A.</b>
Application fee	\$50	\$50	\$50
Tuition and fees (if applicable)	\$16,046	\$11,034	\$20,229
Room and Board	\$9,120	\$9,120	\$9,120
Books/Supplies	\$1,300	\$1,300	\$1,300
Medical Insurance	\$ 725	\$ 725	\$ 785
Personal Expenses	\$3,000	\$3,000	\$3,000
Dependents	\$3,600	\$3,600	\$3,600
_____	\$ _____	\$ _____	\$ _____
<small>Name of Dependent</small>			
_____	\$ _____	\$ _____	\$ _____
<small>Name of Dependent</small>			
<b>SU TOTAL</b>	\$ _____	\$ _____	\$ _____

### SECTION 3—SOURCES OF SUPPORT

**Amount To Be Drawn  
From Source (First Year)**

**Personal funds.** A signed bank statement showing current funds available and average funds balance for the past year should be provided.

U.S. \$ \_\_\_\_\_

**Family/sponsor funds.** A bank statement showing current funds available and average balance for the past year; or an employer's statement showing sufficient income to support the student is required. The sponsor must also sign the statement in Section 4.

U.S. \$ \_\_\_\_\_

Name of sponsor \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

**Other private sponsor.** A bank statement showing current funds available and average balance for the past year; or an employer's statement showing sufficient income to support the student is required. The sponsor must also sign the statement in Section 4.

U.S. \$ \_\_\_\_\_

Name of sponsor \_\_\_\_\_

Address \_\_\_\_\_

**Governmental scholarship or loan.** A copy of the award letter must accompany this form.

U.S. \$ \_\_\_\_\_

**Other source.** Please fully explain and document this source of funds on an attached sheet.

U.S. \$ \_\_\_\_\_

**Total** U.S. \$ \_\_\_\_\_

What is the total amount of money you expect to have when you arrive at this institution?

U.S. \$ \_\_\_\_\_

I certify that this statement is a true reflection of my intended sources of sponsorship while attending Salisbury University. I will be responsible for all debts incurred while undertaking my course of study. I realize Salisbury University is unable to provide me with any financial assistance.

### SECTION 4—SPONSOR'S CERTIFICATION

I certify that I will provide financial support to (student's name) \_\_\_\_\_ as listed above for the duration of his/her study at Salisbury University. I understand that the estimated costs of attendance are subject to change without notice or obligation, and that sponsors are expected to plan for reasonable increases. I have examined any laws regarding transfer of funds from my country of residence and will take all necessary steps to ensure that the money can be transferred as needed. I further understand that employment authorization for the student is extremely difficult to obtain and withdrawal of my sponsorship is likely to result in the student's inability to continue his/her studies.

Sponsor's name (please print) \_\_\_\_\_

Sponsor's signature \_\_\_\_\_

Sponsor's address \_\_\_\_\_

Sponsor's e-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_  
Month/Day/Year

**If more than one sponsor please provide the above information on an additional sheet.**

### SECTION 5—GENERAL INFORMATION

Does your government currently impose restrictions on exchange or release of funds for study in the U.S.?  Yes  No

What is the approximate cost of travel from your home to Salisbury, Maryland (in U.S. dollars)? \_\_\_\_\_

How will this travel expense be paid? \_\_\_\_\_

I certify that the information provided is correct and complete \_\_\_\_\_  
Student's signature Month/Day/Year

### TO BE COMPLETED BY SALISBURY UNIVERSITY

I certify that I have reviewed this declaration and all attached documents and approve issuance of a Certificate of Eligibility (for F-1 visa status).

Agata Liszkowska, Associate Director, Center for International Education

\_\_\_\_\_ Date