



## International Student Statement of Financial Support

International students attending Emmanuel University are required to provide proof of financial support sufficient to cover the cost of a full year of enrollment prior to being admitted or receiving an I-20. Students must have sufficient funds to cover educational expenses, travel expenses, and basic necessities while enrolled at Emmanuel. Students are required to demonstrate financial support totaling \$41,100 for the 25-26 academic year.

### A. STUDENT INFORMATION

**Student Name:** \_\_\_\_\_  
(Family/Surname) (First Name) (Middle)

**Current Address:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (Province/State) (Postal Code) (Country)

**Cell Phone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(mm/dd/yyyy)

**Email Address:** \_\_\_\_\_

### B. ANNUAL EDUCATIONAL EXPENSES

The following allowances have been calculated to cover the educational expenses for one year of enrollment at Emmanuel University. Please note that the student is required to demonstrate the capacity to cover at least \$3,200 annually, regardless of any scholarship awarded by the institution. Students, not the university, must cover travel and personal expenses.

Expense	Annual Amount
Tuition/Fees/Books	\$26,520
Room & Board	\$11,380
Travel & Personal	\$3,200
<b>Total Annual Expenses</b>	<b>\$41,100</b>

### C. STUDENT FINANCIAL INFORMATION

Please indicate who will be responsible for covering the student's annual educational costs. Check all that apply.

**Please check all that apply**

☐ I, or a family member, will be providing financial support for my education.

Name: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

☐ A sponsor will be financially responsible for my educational expenses.

Name: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

☐ Emmanuel University has offered institutional scholarship aid to assist me.

Attach a financial statement issued within the last 90 days from a financial institution (bank, investment firm, etc) as proof of financial support. The statement should be from an account held by the party or parties you identified above.

#### Summary of Support

Source of Funds	US Dollars available for 24-25 academic year
Institutional Scholarship	\$
Self/Family support	\$
Sponsor Support	\$
<b>TOTAL MUST EQUAL</b>	<b>\$41,100</b>

### D. STATEMENT OF AGREEMENT

I agree and affirm that all information provided on this document is true and accurate. I understand that I am responsible to ensure I can cover annual educational expenses at Emmanuel each year of enrollment. I also confirm that I understand providing fraudulent information regarding my financial support may be grounds for denial of admission to Emmanuel University.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_