

ALCP Certificate of Financial Responsibility 2019-20

The U.S. Citizenship and Immigration Services regulations require that every international student verify the availability of funds to pay for educational and living expenses before an I-20 or DS-2019 form to obtain a visa to enter the U.S. can be issued. **Complete and return this form via email to alcp-admit@uidaho.edu**

Applicant Information: (PLEASE PRINT)

Legal Name _____
Family Name Given Name Middle Name Maiden/Former Name

I verify that I have resources available to meet the tuition and fees, room and board, books and supplies, and personal and health expenses. I understand that the costs listed below are estimates and are subject to change without notice. Falsification of my financial status in order to obtain a Certificate of Eligibility (I-20/DS-2019) is a violation of United States law and may subject me to revocation of my visa. I understand that UI may verify the authenticity with the issuing institution of any documentation that I provide. I permit UI to release information to third parties about my application or financial records if misrepresentation is suspected or confirmed.

Signature _____ Date _____
This must be your own signature, not a typed signature

The I-20 (immigration form needed to apply for the F1 visa) will be issued for the amount of time for which funding is provided. You must show you have enough funding for the time you intend to be in ALCP with a minimum of 2 sessions.

	ESTIMATED EXPENSES			
	<u>1 Full Academic Year</u>	<u>*2 session combination</u>	<u>Summer Session</u>	
Tuition:	\$18,198	\$6,066	\$6,066	*2 session combinations required for Fall and Spring term start dates
Registration/Prog Fees	660	220	220	
Orientation Fee (1 time)	100	100	100	**Spouse & Child expenses listed on next page.
Room & Board:	10,854	4,440	2,054	
Books & Supplies:	1,445	578	578	
Personal Expenses:	2,068	786	476	
Required Insurance	1,798	899	450	
TOTAL:	\$35,123	\$13,089	\$9,944	(add \$13,089 for each additional 2 sessions)

Sources of Funds	Amount in U.S. Dollars
<input type="checkbox"/> Self-Support Please attach a statement from a bank official on the bank's stationery verifying the amount you indicate.	\$
<input type="checkbox"/> Parents or Individual Sponsors *(signature required below) Your parent or individual sponsor must sign the certification portion below. Please attach a statement from the parent or individual sponsor's bank verifying his/her ability to provide you with the funds you indicate.	\$
<input type="checkbox"/> Your Government or Other Sponsoring Agency Enclose with this form a signed copy of your financial guarantee or letter of award, specifying the current date, the dollar amount, and the exact starting date and length of the funding.	\$
<input type="checkbox"/> UI Department: _____	\$
<input type="checkbox"/> Other: Specify _____ Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.	\$
TOTAL (in U.S. Dollars)	\$

All financial documents must be in English and must bear a signature, official seal, or be on letterhead from an official agency. Documents must be dated within 6 months of receipt. Information of acceptable financial documents are listed on the next page.

***Parent or Individual Sponsor's Signature**

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available in U.S. currency and will be provided as required.

Signature of Parent or Individual Sponsor _____ Date Signed _____ Relationship to Student _____
 Print Name: Surname/Family Name Given/First Name Middle Initial

Parent or individual sponsor's Address _____

Will any dependents accompany you to the University of Idaho? No Yes

If yes, please complete the reverse side.

