Indiana University of Pennsylvania
OFFICE OF INTERNATIONAL EDUCATION

Undergraduate/ ALIP International Student Affidavit of Financial Support

Students must show funding for their first year of study at minimum prior to immigration documents being issued by a school. IUP also needs to 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., occurring during your undergraduate studies at IUP. IUP will not contact sponsors to pay for student bills. Students are ultimately responsible for all bills they incur while at IUP. This information will be kept confidential. Please convert all sums to U.S. dollars and provide exchange rates for any additional documents provided.

1. Your name: Mr./Mrs./Miss _____ Birth Date: __/__/__ (month/day/year)

   Country of Citizenship: _____ Country of Birth: _____ City of Birth: _____

2. Are you presently in the U.S.? Yes No If yes, what visa type do you currently have?_____

3. Are you financially independent? _____ YES (continue with question 3a) _____NO (skip to question 4a)

   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

4. 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? _____

5. Name of your sponsor (if parent is not sponsor) _____
   In addition to signing this form, please ask your sponsor to provide a letter and bank statement showing support.
   a. Sponsor's occupation _____
   b. Sponsor's annual income (after taxes) **US$** _____

6. How much money will you have for your FIRST YEAR of study from all sources:

   Personal savings **US$** _____
   Family **US$** _____
   Other (specify source) **US$** _____
   Sponsor **US$** _____
   TOTAL FOR FIRST YEAR **US$** _____

Applicants must show a minimum of $36,000 (total estimated cost for 1 academic year of study). For exact costs see: www.iup.edu/bursar

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 #3): 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 is not responsible for dependents accompanying students to the U.S. and will not provide funding for dependents.

SCAN AND EMAIL TO: Admissions-inquiry@iup.edu OR
MAIL TO: IUP Undergraduate Admissions Office, 1011 South Drive, 117 Sutton Hall, Indiana, PA 15705