



# ST BONAVENTURE UNIVERSITY

## Certification of Financial Responsibility

Graduate Students

International Student Services Office

All international applicants requesting an I-20 and F1 student status must provide evidence of sufficient financial resources to cover the costs of attendance for one academic year at St. Bonaventure University.

### MS, Occupational Therapy: Estimated Costs of Attendance

Tuition and fees:	\$51,460	(includes mandatory student health insurance fee)
Living Expenses:	\$14,920	(estimate: single room and meal plan)
Indirect Costs	\$2,200	(estimate: books, supplies, and personal expenses)
<b>Total:</b>	<b>\$68,580</b>	

St. Bonaventure University reserves the right to alter the above fees without notice.

### Evidence of Financial Resources

When providing evidence of your financial resources, all documentation must be issued within 6 months of submitting this form, be written in English, and indicate currency in US dollars. You should save all original documents for your visa interview and travel to US.

<b>Source of Funds</b>	<b>Required Evidence</b>
Personal, Family, or Sponsor Savings	Bank statement on official bank stationery or letter issued by bank on official stationery, signed by an authorized bank official. The letter must verify that the account balance contains at least the required minimum. <i>Note: the actual account balance does not need to be disclosed.</i> If the account belongs to a family member or sponsor, a signature of family member or sponsor on this form
Scholarships	Scholarship award letter written on official stationery. The letter must contain the name of the recipient, the amount of money available for each year of study, and the name of St. Bonaventure University as the institution to which the scholarship is applicable.
Loans	Loan approval letter, written on official stationery. The letter must contain the name of the recipient, the amount of money available for each year of study, and the name of St. Bonaventure University as the institution to which the loan is applicable.

If you have any questions, contact the International Student Services Office ([isso@sbu.edu](mailto:isso@sbu.edu)).

# Certification of Financial Responsibility

International Student Services Office  
St. Bonaventure University

*Type your information on this form, then print a copy and gather the required signatures. Scan the completed form and return it, along with copies of your evidence of financial resources, to the International Student Services Office: [isso@sbu.edu](mailto:isso@sbu.edu)*

## Student Name

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Family / Surname	First/Given Name	Middle Name
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## Permanent Home Address (home country)

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Number and Street

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Town or City	Province or State
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Postal Code	Country
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## Current Mailing Address (where we can mail your I-20, if different from above)

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Number and Street

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Town or City	Province or State
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Postal Code	Country
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## Student Information

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Telephone Number (cell)	Telephone Number (home)
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Email	Date of Birth (month day, year i.e. May 12, 2002)
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Gender	Country of Citizenship
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Country of Birth	Town or City of Birth
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## Dependents

Enter information about your spouse or any children you plan to bring with you to the United States.

Name	Relationship (spouse/child)	Date of Birth	Citizenship	Country of Birth

**Note:** You must add \$5,000 per dependent to your certification of finances. St. Bonaventure University does not provide housing for married couples or dependent children.

## Financial Resources

Refer to the first page of this document for a description of the evidence required.

Source of Funding	Amount (US Dollars)	Evidence Required
Student's Personal Savings	\$	Bank statement(s) / bank letter(s)
Family Member(s) / Sponsor(s) (total)	\$	Bank statement(s) / bank letter(s)
Scholarships (total)	\$	Award letter(s) for each scholarship
Loans (total)	\$	Approval letter(s) for each loan
Other funds (specify below)	\$	Official letter or formal documentation

## Student Certification

My signature below certifies that the information provided on this form is complete and accurate to the best of my knowledge. I understand that any false or misleading information may result in refusing or revocation of my admission to St. Bonaventure University and termination of my Form 1-20 Certificate of Eligibility for Nonimmigrant Student Status. I understand that I must notify the International Student Services Office at St. Bonaventure regarding any change to my financial circumstances.

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Student signature

Date

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Signature of parent/guardian if student is under age of 18

Date

## Family Member & Sponsor Certifications

*Each family member or sponsor who will provide funding must sign below. Print additional pages if needed.*

**Family member / sponsor 1:** My signature certifies that I will provide financial support in the amount indicated below for the purpose of the applicant's full-time study at St. Bonaventure University. I certify that the evidence of financial resources I am submitting is true and accurate.

Signature		Date
		\$
Full name	Relationship to applicant	Amount of funding

**Family member / sponsor 2:** My signature certifies that I will provide financial support in the amount indicated below for the purpose of the applicant's full-time study at St. Bonaventure University. I certify that the evidence of financial resources I am submitting is true and accurate.

Signature		Date
		\$
Full name	Relationship to applicant	Amount of funding

**Family member / sponsor 3:** My signature certifies that I will provide financial support in the amount indicated below for the purpose of the applicant's full-time study at St. Bonaventure University. I certify that the evidence of financial resources I am submitting is true and accurate.

Signature		Date
		\$
Full name	Relationship to applicant	Amount of funding

**Family member / sponsor 4:** My signature certifies that I will provide financial support in the amount indicated below for the purpose of the applicant's full-time study at St. Bonaventure University. I certify that the evidence of financial resources I am submitting is true and accurate.

Signature		Date
		\$
Full name	Relationship to applicant	Amount of funding