



ST BONAVENTURE UNIVERSITY

Certification of Financial Responsibility

Undergraduate 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.

Undergraduate Students: Estimated Costs of Attendance (2024-25)

Tuition and fees:	\$ 45,085	(includes mandatory student health insurance fee)
Living Expenses:	\$ 15,300	(estimate for room and meal plan)
Indirect Costs	\$ 2,700	(estimate for books, supplies, and personal expenses)
Total:	\$ 63,085	

St. Bonaventure University reserves the right to alter the above fees without notice. Please note the above numbers are pending an anticipated increase to the Health Insurance cost.

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.

Source of Funds	Required Evidence
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. If the account belongs to a family member or sponsor, they need to sign on page 3 of this document.</i>
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).

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

Student Name

Family / Surname

First/Given Name

Middle Name

Permanent Home Address (home country)

Number and Street

Town or City

Province or State

Postal Code

Country

Current Mailing Address (where we can mail your I-20, if different from above)

Number and Street

Town or City

Province or State

Postal Code

Country

Student Information

Telephone Number (cell)

Telephone Number (home)

Email

Date of Birth (month day, year i.e. May 12, 2002)

Gender

Country of Citizenship

Country of Birth

Town or City of Birth

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.

Student signature

Date

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		_____ \$ Amount of funding
_____ Relationship to applicant		

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		_____ \$ Amount of funding
_____ Relationship to applicant		

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		_____ \$ Amount of funding
_____ Relationship to applicant		

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		_____ \$ Amount of funding
_____ Relationship to applicant		