



## F-1 Declaration of Finances Form

International applicants seeking F-1 student visas must complete this form before a Certificate of Eligibility (I-20) can be issued.

### SECTION 1 – PERSONAL INFORMATION

- Surname/Family Name (as it appears on your passport): \_\_\_\_\_
- Given Name/First Name (as it appears on your passport): \_\_\_\_\_
- Date of birth (MM/DD/YYYY): \_\_\_\_\_
- I will not bring dependents (spouse/children)  
 I will bring the following individuals (spouse/children) with me as F-2 dependents:

Name (as it appears on passport)	Relationship	Date of Birth	Country of Birth	Country of Citizenship

### SECTION 2 – EXPENSES

U.S. immigration law requires that applicants seeking F-1 status must have sufficient funds to cover the cost of educational and living expenses. The chart below shows the estimated cost of expenses for one academic year.

Expenses*	Undergraduate	Graduate
Tuition and Fees	\$ 25,428	\$16,680
Housing and meals (living expenses)	\$9,952	\$8,836
Other expenses (books, transportation, personal expenses, etc.)	\$5,392	\$7,196
Summer expenses (tuition and fees, housing, other expenses)	\$10,236	\$10,870
<b>Total expenses for Spring/Fall admits</b>	<b>\$40,772</b>	<b>\$32,712</b>
<b>Total expenses for Summer admits</b>	<b>\$51,008</b>	<b>\$43,582</b>

\* Expenses are calculated based upon the most current academic year Cost of Attendance Tables found at <https://financialaid.illinoisstate.edu/paying/cost/>. Summer expenses are based upon 6 credits and a 3-month prorated value for living and other expenses. Actual expenses may vary.

Applicants who will bring F-2 dependents (question 4 above) must cover the cost of living expenses for their dependents. The chart below shows the estimated cost of expenses for dependents.

1 Child	2 Children	3 Children	Spouse	Spouse + 1 Child	Spouse + 2 Children	Spouse + 3 Children
\$16,377	\$24,433	\$35,703	\$9,291	\$14,046	\$17,277	\$21,538



### SECTION 3 – EXPENSE CALCULATION

- I will be a:     Undergraduate student     Graduate student
- I have been admitted for:     Fall/Spring     Summer
- My estimated expenses for the first academic year will be: \$ \_\_\_\_\_
- My estimated dependent expenses for the first academic year will be: \$ \_\_\_\_\_
- My estimated first academic year **total** expenses will be (add #3 + #4): \$ \_\_\_\_\_

### SECTION 4 – FUNDING SOURCES

Complete the chart below and indicate the sources of funding you will use to cover the cost of your expenses. This form will not be accepted without all supporting documentation attached.

Funding Sources	Amount	Acceptable Documentation
Personal funds	\$ _____	<input type="checkbox"/> Bank Letter <input type="checkbox"/> Bank Statement (Savings/Checking account) <input type="checkbox"/> Certificate of Deposit (CD) Statement (maturity date must be prior to the start of the admitted term) <input type="checkbox"/> Line of Credit Letter
Parent, family member and/or friend's funds	\$ _____	<input type="checkbox"/> Bank Letter <input type="checkbox"/> Bank Statement (Savings/Checking account) <input type="checkbox"/> Certificate of Deposit (CD) Statement (maturity date must be prior to the start of the admitted term) <input type="checkbox"/> Line of Credit Letter
Approved scholarship, grant, or award	\$ _____	<input type="checkbox"/> Official Award Letter (must include the total amount of funding and the period of time for which the funding is guaranteed)
Employer sponsorship	\$ _____	<input type="checkbox"/> Sponsorship Letter from Employer (must include the total amount of funding and the period of time for which the funding is guaranteed)
Approved student loan	\$ _____	<input type="checkbox"/> Loan Approval Letter
Graduate Assistantship	\$ _____	<input type="checkbox"/> GA Offer Letter
<b>TOTAL</b>	\$ _____	This total must at a minimum equal the value listed in Section 3 question 5 (above) as your estimated first academic year total expenses.

**Additional Funding Source Documentation Requirements:**

- Only acceptable forms of documentation are permitted.
- All sources must be readily available funds.
- All letters must be printed on official letterhead from the institution/agency issuing the document and signed.
- All documentation must be dated within 3 months of the date this form is submitted to the Illinois State University Office of Admissions.
- Documents can be original or scanned/imaged originals. Only .pdf or .doc file types will be accepted.
- If documentation is not in English, an official English translation must also be attached.



**SECTION 5 – SPONSOR VERIFICATION**

Only complete this section, if a parent, family member or friend is listed in the Section 4 as a funding source. Otherwise, skip this section and proceed to Section 6.

## Sponsor 1

\_\_\_\_\_ \$ \_\_\_\_\_  
 Last Name, First Name Funding Amount in USD Relationship to applicant

\_\_\_\_\_  
 Address (Building Number, Street, Apartment Number)

\_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 City

\_\_\_\_\_ Telephone \_\_\_\_\_  
 Email

**Sponsor Verification**

*I hereby certify that I agree to provide the funding amount specified above for the educational expenses of the above-named student for all years of study at Illinois State University, and that I will provide acceptable documentation as proof of these funds. I understand that tuition and fees are subject to change yearly without prior notice.*

\_\_\_\_\_ Date (MM/DD/YYYY)  
 Signature

## Sponsor 2

\_\_\_\_\_ \$ \_\_\_\_\_  
 Last Name, First Name Funding Amount in USD Relationship to applicant

\_\_\_\_\_  
 Address (Building Number, Street, Apartment Number)

\_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 City

\_\_\_\_\_ Telephone \_\_\_\_\_  
 Email

**Sponsor Verification**

*I hereby certify that I agree to provide the funding amount specified above for the educational expenses of the above-named student for all years of study at Illinois State University, and that I will provide acceptable documentation as proof of these funds. I understand that tuition and fees are subject to change yearly without prior notice.*

\_\_\_\_\_ Date (MM/DD/YYYY)  
 Signature

**SECTION 6 – APPLICANT VERIFICATION**

**Applicant Verification**

*I certify that the information on this application and in any other supporting documentation, bank statements, letters etc. are true and correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute grounds for Illinois State University revoking my acceptance and may jeopardize my visa status.*

\_\_\_\_\_ Date (MM/DD/YYYY)  
 Applicant Signature