

# Statement of Financial Resources for International Students

KNOX THEOLOGICAL SEMINARY 5554 N. Federal Highway, Ft. Lauderdale, FL 33308 1.800.344.5669

This form is valid for one year only. Unsigned forms will not be accepted.

- Complete this form and return it to the Admissions Office. *All figures must be in U.S. dollars (\$USD).*
- **Attach** source of funds documentation verifying your financial resources.
- Note: This is not an Admission Application but is required supplementary information. (Form 1-20 cannot be issued unless you have been admitted and completed this form to our satisfaction.)

1. Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First Middle/Maiden Preferred name/Nickname

2. Address in your home country: \_\_\_\_\_  
Number & Street

City State Postal Code Country

3. Date of birth: (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth: (country) \_\_\_\_\_

4. Country of citizenship: \_\_\_\_\_

5. Current marital status:  Single  Married  Separated  Divorced  Widowed

6. \_\_\_\_\_ I plan to come without dependents.

7. \_\_\_\_\_ The following will accompany me:

Spouse's name: \_\_\_\_\_  
Family name First name Middle

Spouse's date of birth: (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Spouse's place of birth: (country) \_\_\_\_\_

Children or other dependents under age 18:

Family name First name Date of birth Country of birth Relationship to F-1 student

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8. Expected date of entry:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

9. What is the total amount of money (U.S. dollars) you expect to have when you arrive at Knox Seminary? \$ \_\_\_\_\_

10. How will you pay for your transport to the U.S.? \_\_\_\_\_

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11. How will you pay for your return transportation to your home country? \_\_\_\_\_

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Source of Funds <i>(Be specific, enter names)</i>	Assured Support	Projected Support			Required Source of Funds documentation See details, page 18
	Year 1	Year 2	Year 3	Year 4	
<b>Personal account(s)</b> <i>Name of bank:</i> <hr/>					1. Original bank letter, indicating current balance in account.
<b>Family member or relative</b> <i>Account holder name:</i> <hr/> <i>Name of bank:</i> <hr/>					1. Original bank letter, indicating current balance in account.  2. Official affidavit of support.
<b>Sponsor 1</b> <i>Account holder name:</i> <hr/> <i>Name of bank:</i> <hr/>					1. Original bank letter, indicating current balance in account.  2. Official affidavit of support.
<b>Sponsor 2</b> <i>Account holder name:</i> <hr/> <i>Name of bank:</i> <hr/>					1. Original bank letter, indicating current balance in account.  2. Official affidavit of support.
<b>Other</b> <i>Account holder name:</i> <hr/> <i>Name of bank:</i> <hr/>					1. Original bank letter, indicating current balance in account.  2. Official affidavit of support.
<b>Amounts in \$USD</b> <b>Total</b> (Must equal or exceed the estimate of expenses for each calendar year you plan to attend.)					

Tuition & Fees	\$ 6,410
Books	\$ 600
Living expenses (\$25,860 - Student only)	\$ 25,860
<b>Subtotal</b>	\$ 32,870
Expenses for spouse (add an additional \$14,520)	\$ _____
Expenses for dependents (add \$3,000 per dependent)	\$ _____
<b>Annual Expense Total</b>	\$ _____

Please attach a separate sheet for additional sources of funds or other information pertinent to the assessment of your financial resources.

*I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date