

# MILLSAPS COLLEGE

## 2017-2018 International Student Verification of Financial Support

Please read the following prior to completing this form:

The purpose of the *Affidavit of Financial Support* is to help Millsaps College obtain complete and accurate information about the funds available to international applicants who wish to study at the college. U.S. immigration regulations require that all international students demonstrate that they have sufficient funds to cover living and educational expenses for study on a full-time basis. The estimated amounts below include funding needed to cover living expenses and mandatory health insurance for 12 months, but not the cost of travel to the United States or optional study period tuition. These amounts are estimated based on the prior academic year. Amounts reviewed annually with an expected increase of 4-5% and are subject to change.

To receive a Form I-20 and acquire your F-1 visa, you must show documentation that sufficient funds are available to cover all estimated expenses for one academic year (9 months), along with a funding plan for the remainder of your intended study. This is the same standard that U.S. visa officers will use to determine your financial ability during your visa interview. Estimated costs for tuition and living expenses are listed below:

Estimated Cost of Attendance for International Students (9 months) 2017-2018	
Tuition	\$36,380
Fees	\$2,550
Housing*	\$7,500
Meals	\$5,900
Books & Supplies	\$1,200
Domestic Transportation	\$650
Health Insurance**	\$800
Miscellaneous	\$1,100
<b>Estimated TOTAL ***</b>	<b>\$56,080</b>

\* Minimum cost for housing; costs vary depending on the type of accommodation selected.

\*\* Average cost of Millsaps College mandatory standard health insurance plan based on age. Student athlete's premiums average \$100. You may elect to upgrade to a premium health insurance plan for an additional cost or take out additional coverage in your home country depending on your health needs. U.S. regulations require that all international students who hold a temporary nonimmigrant visa and enroll in academic course have adequate health insurance coverage.

\*\*\*The above costs include minimum requirements. Students should be prepared for additional personal expenses, contingencies, and intercession housing fees (\$25/day).

Applications will not be competitive for students that are not able to demonstrate a minimum of \$28,000 per year of personal/external funding.

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Submit the following information and return this form with attached documentation of funds to the [internationaladmissions@millsaps.edu](mailto:internationaladmissions@millsaps.edu) or by mail to the address listed below:

Surname/Primary Name: \_\_\_\_\_  
 Given (First and Middle) Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_  
 Suffix: \_\_\_\_\_ Gender:  Male  Female Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Will this be your first year attending a college/university?  Yes  No  
 Country of Citizenship: \_\_\_\_\_ Native Language: \_\_\_\_\_  
 City/Country of Birth: \_\_\_\_\_  
 Intended Field of Study/Major: \_\_\_\_\_

**Home/Permanent Address:**  
**(Must be valid residential address and not a P.O. Box)**  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**Mailing Address:**  
**(Where Form I-20/Admissions Packet will be sent)**  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Please check all that apply to your visa status:**

- I require an F-1 visa to study in the United States
- I currently have a United States Visa. Visa type: \_\_\_\_\_ (F-1, J-1, J-2, H-4, etc.)

Expected Funding Sources (US \$)	2017-2018	2018-2019	2019-2020	2020-2021
Personal Funds*	\$ _____	\$ _____	\$ _____	\$ _____
Family Funds*	\$ _____	\$ _____	\$ _____	\$ _____
Sponsor Funds*	\$ _____	\$ _____	\$ _____	\$ _____
Scholarship or Government Support**	\$ _____	\$ _____	\$ _____	\$ _____

\*If funds are from personal, family, or sponsor, please attach an official bank statement, in English and no more than 6 months old, with the official bank seal and signature of a bank officer.

\*\*If funds are from scholarship or government support, please attach a signed copy in English of any letters of award.

**Declaration by Family or Financial Sponsor:**

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that I will provide financial support for the applicant as listed above in the amount of \$ \_\_\_\_\_ per year.

Family/Sponsor's Full Name: \_\_\_\_\_  
Family Name (Surname) First Name (Given) Middle Name (if any)

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_