



DECLARATION OF FINANCES 2021-22

confidential

RETURN TO:
 International Admissions
 St. Ambrose University
 518 W. Locust St.
 Davenport, IA 52803 USA
 Fax: 563-333-6243
international@sau.edu
www.sau.edu/international

International student admission for F-1 and J-1 visa holders cannot be finalized (nor can your immigration document be issued) until this **completed form and supporting financial documentation are returned to St. Ambrose University.**

Student Information

Name		Last/Family	First/Given	Middle
Mailing Address				
Phone Number				
Email Address				

Sources of Funds

Estimated Cost (tuition, room & board, books, health insurance, personal) \$ _____	Cost of Attending details
This estimate is for the first year only. For subsequent years, expect tuition increases due to inflation and cost of living increases.	
St. Ambrose University Scholarship	\$ _____
Total Proof of Funding Student Needs	\$ _____
Please show your funding sources below.	
Enter amounts in US dollars. Please PRINT all entries. Use an additional sheet of paper for explanation if necessary.	
Assured Support First Year	Dependents Spouse: \$6,000 per year Child: \$4,800 per year
Personal or Family Savings	
Name of Bank _____	\$ _____
Enclose with this form a supporting letter signed by a bank official or a current bank statement.	
Parents and/or Sponsors	
Name _____	\$ _____
Name _____	\$ _____
Enclose with this form a supporting letter signed by a bank official or a current bank statement.	
Your Government or other agency	
Name of Agency _____	\$ _____
Enclose with this form a signed copy of your award letter.	
Name of Agency _____	\$ _____
Enclose with this form a signed copy of your award letter.	
This total should equal the Total Proof of Funding Student Needs for one year	TOTAL \$ _____ = \$ _____

I certify that the information provided here is correct and complete.	Signature of Student _____ Date _____	Please Save & Email this Document along with supporting financial documents to international@sau.edu
---	--	---