

The School of Graduate & Professional Studies

FINANCIAL STATEMENT FORM

Each student must be prepared to accept full responsibility for the expenses incurred while studying in the United States. The following figures indicate the minimum amount for 1 academic year of study and twelve months of living expenses. (YEARLY COSTS ARE SUBJECT TO CHANGE)

ESTIMATE OF YEARLY COSTS

Tuition & Fees	\$9950.00	Health Insurance	\$700.00	Transportation	\$1700.00
Housing & Food	\$8600.00	Books & Supplies	\$1800.00	Miscellaneous	\$4300.00
				TOTAL	\$27,050.00

INDICATE SOURCE OF FUNDS ASSURED AMOUNTS IN U.S. \$

STUDENT NAME _____
Family Name _____ Given Name _____ Middle Name _____

PERSONAL SAVINGS: _____ \$ _____
Name of Bank _____

Address of Bank _____

- Enclose with this form a statement from an officer of the bank certifying that the funds indicated are available.

EMPLOYMENT, if applicable: _____ \$ _____
Name of Employer _____

Address of Employer _____

- Enclose with this form a statement from your employer indicating the nature and duration of employment and salary paid.

PERSONAL SPONSOR: _____ \$ _____
Name of Sponsor _____

Address of Employer _____

Relationship _____

- Enclose with this form a notarized statement from sponsor indicating the accuracy of this entry and documented evidence that funds are available.

GOVERNMENT SPONSOR: _____ \$ _____
Agency Name _____

- Enclose with this form a signed copy of your award letter.

CERTIFICATION

I certify that the financial information furnished on this form is a true and accurate statement of resources available to me. For my first academic term at Chicago State University, I have a total amount of \$ _____ available to me and a total of \$ _____ available for each subsequent year. EVIDENCE OF THESE RESOURCES IS ATTACHED IN THE FORM OF AN AFFIDAVIT OF SPONSOR SUPPORT, BANK, EMPLOYER AND/OR AWARD LETTER.

Signature of Student

Date

Signature of Notary

SEAL