F-1 Students DECLARATION OF FINANCES | Undergraduate 2018-2019



For your I-20 (F-1) to be processed, you must submit this completed form with *original proof of funding, copy of passport ID page or national identification, dependent information and transfer form (if applicable).* If you would like your original bank statement returned with the I-20, please check the box on the bottom of the second page. **No action will be taken on incomplete forms.** International students are not eligible for U.S. federally-funded financial aid. ISO does not maintain scholarship, grant, or loan information. Tuition, fees, living expenses, and health insurance rates are reviewed annually and typically increase each year. Please return completed information to:

Union University International Student Office 1050 Union University Dr. UU Box 3018 Jackson, TN 38305, USA

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_AST/FAMILY NAME, capitalized	First/Given Name	Middle Name
Date of Birth: Month (MM), Day (DD), Year (YYYY)	Country of Birth	City of Birth
Gender: Male Female Marital Status	: Single Married	Major/Degree
Country of Citizenship	Country of Legal Permanent	Residence
Home Country Telephone Number	E-mail Address	
Foreign Country Home Address Required		
Physical addresses only. If I-20 mailing address is different, please submit mailing address on separate sheet of	Street Name, House	or Apartment #
	City	State/Province
	City	State/Province Country Mail Code
DEPENDENT INFORMATION		
	Country	
	Country ou? No Yes AST NAME, First Name •Date of Birth	Country Mail Code (mm/dd/yyyy) •Birthplace (city and country) ationship to you (husband, wife, son, daughter)
Will family (spouse or children under 21) enter the U.S. with your fyes, attach the following information per family member: • L. • C.	Country ou? No Yes AST NAME, First Name •Date of Birth Country of Permanent Residence • Rela	Country Mail Code (mm/dd/yyyy) •Birthplace (city and country) ationship to you (husband, wife, son, daughter)
Will family (spouse or children under 21) enter the U.S. with your fyes, attach the following information per family member: • L. • C.	Country Dou? No Yes AST NAME, First Name •Date of Birth Country of Permanent Residence • Relaction of Marriage Certificate, passport ID	Country Mail Code (mm/dd/yyyy) •Birthplace (city and country) ationship to you (husband, wife, son, daughter)

Are you enrolling through an exchange agreement between your institution and Union University? No Yes

If yes, what institution?



DECLARATION OF FINANCES WORKSHEET | Undergraduate 2017-2018F-1 Students

	ESTIMATE	OF EXPENSES	(*based on regula	ir semesters only - J-t	erm and summer te	rms not included)
Α.	Academic Ex- -Undergraduate Traditional (4 y		n)	<u>\$31,550.00</u>		
		tation/Technology (if applicable)	Fee	\$1,310.00		
	*Estimate only	,		<u>\$1400.00</u>		<u>\$33,190.00</u> Total Academic Fees
B.	Student Livir -Room/Board	ng Expenses		9-month \$10,350.00	12-month \$13,130.00	
	-Miscellaneous *Estimate only	Living Expenses		\$1,000.00	<u>\$1,600.00</u>	Total Living Expenses
C.	Dependent E -Dependent Livi		Spouse Child	\$5000.00 \$3000.00 x	# children	Total Dep. Living Exp.
	-Dependent Hea	alth Insurance	Spouse	\$312/month	Child	\$312/month x
					# children	Total Dep. Health Ins.
D.		ance, Student C			- rotor, oppud incress	es expected \$850.00 Total Student Insurance
	- does not include cos	Health Insurance is <u>required</u> tof summer insurance or athle	; Amounts based on e etic premium – amount b	expected health insurance pased on 10 month acad	e rates; annual increas emic year)	es expected Total Otdacht Insurance
E.	 does not include cos 	t of summer insurance is <u>required</u> t of summer insurance or athle	etic premium – amount b	pased on 10 month acad	emic year)	
	 does not include cos 	t of summer insurance or athle	etic premium – amount b	pased on 10 month acad	emic year)	<u>oort)</u> \$
SOU	- does not include cos	t of summer insurance or athle	etic premium – amount b	pased on 10 month acad pe equal to or less **Please prov	emic year) s than Total Supp	(sum of items A-E) unding including scholarship
SOU Union	- does not include cos TOTAL EXPE RCE OF SUP	ENSES (Note: Total PPORT	etic premium – amount b	be equal to or less **Please provietter and for	emic year) s than Total Supp vide proof of for remaining bala	(sum of items A-E)
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SOU Union Perso Home	- does not include cos TOTAL EXPE RCE OF SUP University nal or Family Funds	ENSES (Note: Total PPORT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	etic premium – amount b	**Please provietter and for statement that 1. Indicates balance)	emic year) s than Total Supply vide proof of foremaining bala at: the amount	(sum of items A-E) unding including scholarship ance an original, current bank of money available (current
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