
Applicant Information (Exactly as it appears on student's passport)

FAMILY (SURNAME)

FIRST (GIVEN)

DATE OF BIRTH

COST ESTIMATE WORKSHEETTotal Estimated Cost of Attendance: **US\$68,000** The total cost of attendance does not need to be met for the purposes of this form.

Please fill in the sources of financial support that apply to you:

- Personal Funds: US\$_____
- Family Funds: US\$_____
- Home Government: US\$_____
- Sponsor Funds (Provide Affidavit of Support): US\$_____

STATEMENT OF SUPPORTThis statement must be completed by the **parents/legal guardian or sponsors** of the student named above.**Parent/Legal Guardian/Sponsor Information:**

FAMILY (SURNAME)

FIRST (GIVEN)

RELATION TO THE STUDENT

STREET ADDRESS

APARTMENT/UNIT NUMBER

CITY

STATE/REGION

COUNTRY

PHONE

EMAIL ADDRESS

NAME OF EMPLOYER

PROFESSIONAL TITLE

ANNUAL SALARY (OPTIONAL)

I, _____, certify that I am able, willing and do promise to provide _____
NAME OF SPONSOR/PARENT/LEGAL GUARDIAN NAME OF STUDENT

no less than US\$ _____ per year to meet their expenses during each year of study at Saint Joseph's University.

I swear that the information I have provided above is true and correct. I understand that I will have a financial responsibility to support the student named above during the length of the student's program at Saint Joseph's University.

Signature of Parent/Legal Guardian/Sponsor

Date (Month/Date/Year)