

STATEMENT OF FINANCIAL ABILITY TO PAY

1. YOUR PERSONAL FUNDS: \$ _____
(Statements from a bank or financial institution must be in your name. Enter the amount you have available for each year to complete your program of study at Brescia University.)

2. FUNDS FROM A SPONSOR(S): (Sponsors are responsible for payment of any costs incurred by the student. By signing below the sponsor accepts this responsibility)

Name of Sponsor # 1 (PLEASE PRINT) \$ _____

Signature of Sponsor #1

Name of Sponsor # 2 (PLEASE PRINT) \$ _____

Signature of Sponsor #2

(You and each sponsor must submit a letter from an employer on business stationery stating annual salary, OR a letter from an officer of the bank or financial institution stating the date account was opened, total deposited for the past year, and the present balance. These documents must be originals, less than six months old and officially translated into English.)

3. SCHOLARSHIPS: \$ _____
(Award letter from the organization providing the assistance written in English or an official translation attached to the award letter.)

TOTAL ANNUAL FINANCIAL SUPPORT \$ _____

APPLICATION FOR FORM 1-20 A-B TO BRESCIA UNIVERSITY
(Please Print)

Print Name _____
Family (Surname) First (Given)

Gender Date of Birth (month/day/year) Country of Birth Country of Citizenship Intended major of study

Please use this space to give us a complete address where to mail your Form 1-20 A-B. Be sure the address is complete and correct.

I am applying for the Form 1-20 A-B to (check all that apply)

Apply for my first F-I visa at a US Embassy/Consulate abroad.

Transfer from my previous US school:

(School name) (School location)

Change my educational program at Brescia University (for current Brescia students only)

Extend my educational program at Brescia University (for current Brescia students only)

I affirm or swear, that upon my honor, the information that I have given above is true and correct.

Name (Please print) _____

Signature _____ Date _____