



Financial Resources Statement for Visiting International Students and Scholars

Applicant's Full Legal Name: _____
Last or Family Name
First Name
Middle Name

Applicant's Phone Number Abroad: _____ Applicant's Email Address: _____

Applicant's Home Address: _____

Place of Residence in the United States: _____
Provide the applicant's place of physical residence in the United States if known.

Country of Citizenship: _____
A Certificate of Eligibility (Form DS-2019) will not be authorized until this form has been completed in its entirety and supported by statements from the applicant's financial institution and/or sponsor that certify the information below supporting the applicant's claim to financial self-sufficiency while in the United States.

Please complete the form below and enter all amounts in U.S. Dollars, print clearly, and use additional paper if necessary.

Source(s) and Amount of Funds		Estimated Expenses for One Calendar Year in the United States	
Personal or Family Savings:	\$ _____	Description of Expense	Amount for One Calendar Year <i>(in U.S. Dollars)</i>
Name of Financial Institution: <i>(Note: Official affidavit from financial institution is required.)</i>		Tuition:	\$13,810
		Living expense:	\$5,910
Parent(s) or Sponsor(s): <i>(Official affidavits are required.)</i>		Plane ticket:	\$1,800
		Personal Expenses	\$2,046
Name:	\$ _____	Transportation:	\$2,200
Name:	\$ _____	Total	\$25,766
Government Support: <i>(A signed award letter is required.)</i>		Return this completed form to the following: Ms. Evanne C. Raible, M.Ed. Director of Transfer Enrollment Services Christopher Newport University Email: transfer@cnu.edu Voice: 757-594-7296 Fax: 757-594-7711	
Name of Agency:			
Address:			
Other Source(s) of Financial Support:	\$ _____		
Total: <i>(Note: Must equal at least the total of estimated expenses.)</i>	\$ _____		

Do you have a source of emergency funds once you have arrived in the United States? Yes No
If yes, please provide the name of the source and the amount below.

Source: _____ Amount: \$ _____

List any persons that you are financially supporting:
 Name: _____
 Age: _____ Relationship: _____ Will she/he come to the United States with you? Yes No

Official Signature of Exchange Visitor _____ Date _____

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Printed Name of Contact and/or Sponsor at CNU _____ Title of CNU Contact and/or Sponsor at CNU _____

Official Signature of Contact and/or Sponsor at CNU _____ Date _____ Contact Phone# _____ Contact Email _____ *(2/18bt)*