

**UNK Financial Affidavit for International Students – Undergraduate Student**

**Academic year 2025-2026.** U.S. visa regulations and UNK require F and J visa holders to provide official original evidence of adequate liquid funds to meet estimated costs for an academic year (9 months) of study. A Form I-20 or Form DS-2019 cannot be issued until an acceptable Financial Affidavit and original, signed and dated financial letters have been received. Letters must be dated within 6 months of the application.

Another F-1 or J-1 student in the U.S. may not serve as a sponsor. Documents submitted in native language must be accompanied by an official translation. Applicants are advised to obtain a second set of bank documents for use by the embassy issuing the visa.

**Student Applicant Name:** Last/family \_\_\_\_\_ First/given \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **City and Country of Birth:** \_\_\_\_\_ **Country of Citizenship:** \_\_\_\_\_

**SECTION 1. ESTIMATED COST OF ATTENDANCE:**

Cost	One Academic Year
Tuition	\$15,330
Fees	\$2,144
Health Insurance	\$3,909
Room and Board	\$12,294
<b>Total Costs</b>	<b>\$33,677</b>

*If bringing dependents, minimum support is \$3,000 for an accompanying spouse and \$1,000 per child.*

*\*All figures are estimates and subjected to change without notice. Estimates do not include transportation to and from Kearney.*

**I plan to bring my spouse and/or children as F-2 dependents and will provide a copy of their passport photo page:**

<u>Spouse Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Birth City &amp; Country</u>	<u>Country of Citizenship</u>
_____	_____	_____	_____	_____
<u>Child #2 Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Birth City &amp; Country</u>	<u>Country of Citizenship</u>
_____	_____	_____	_____	_____
<u>Child #2 Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Birth City &amp; Country</u>	<u>Country of Citizenship</u>
_____	_____	_____	_____	_____

**SECTION 2. FUNDING SOURCES AND CERTIFICATION OF FUNDS**

**List all sources of financial support in US dollars:**

Source	Provide Name of Sponsors / Sources	Amount
Student's Personal Funds		
Funds from Family / Sponsor		
Funds from other sources:		
Scholarships		
Scholarships from government agency, private foundations		
<b>Total funds</b> (Total must be equal to or greater than <b>\$33,677</b> )		

*Note: If sponsored, bank certification must be from the Sponsor's financial institution not from the students.*

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**If you have financial sponsors, please have them complete the following:**

Name of Sponsor #1: \_\_\_\_\_ Relationship to Sponsor #1: \_\_\_\_\_

Sponsor Signature and Date: \_\_\_\_\_

Name of Sponsor #2: \_\_\_\_\_ Relationship to Sponsor #2: \_\_\_\_\_

Sponsor Signature and Date: \_\_\_\_\_

**Along with this form, please also submit a bank statement or official letter indicating sufficient funds to cover the first year of study for I-20 issuance. Financial documents must clearly show the name and address of the bank institution, name of the account holder, relationship to applicant, and dated within the last 6 months, and be in English or accompanied by certified English translation.**

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NOTE: Liquid funds are defined as money that is immediately accessible for withdrawal for use in U.S. dollars to pay a U.S. institution.

Liquid funds include:

- Cash in an individual savings bank account / Cash in an individual checking bank account
- Certificates of Deposits and Time Deposits
- A U.S. based Money Market account that can be withdrawn immediately as cash in U.S. Dollars

The following are **NOT** acceptable as liquid funds for the purpose of this financial statement:

Investment accounts and portfolios / Stocks and Bonds / Mutual funds outside of the U.S. / Property and tax records / Retirement funds / 401K or similar accounts / IRA accounts / Salary or employer letters / Accountant's letters / Bank accounts listed in a company or business name

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**SECTION 3. STUDENT ATTESTATION**

I certify that information on this application is complete and accurate to the best of my knowledge without evasion or misrepresentation. I understand that if it is later found to be inaccurate or intentionally falsified, it is sufficient cause for denial, suspension and forfeiture of all fees and deposits. I hereby give permission for my records to be made available to the appropriate individuals and departments at the University of Nebraska Kearney.

I certify that I will have the minimum (in United States currency) available for the cost of the above indicated enrollment, exclusive of travel funds. I further certify that arrangements will be made to have funds transferred to the United States on a timely basis to meet payment for tuition, fees, housing, and any other University debts in accordance with payment policies.

I understand that documents provided in support of this application, affidavit and educational sequence become the property of UNK and will not be returned.

**Student Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_