INTENSIVE LANGUAGE PROGRAM (ILUNO)
FINANCIAL AFFIDAVIT
For ILUNO Students Only: Estimated Expenses for the 2016-2017* Academic Year

2016-17 ESTIMATED EXPENSES – 16 WEEKS (2 SESSIONS)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Tuition***</td>
<td>$3,290</td>
</tr>
<tr>
<td>Fees</td>
<td>$384</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$300</td>
</tr>
<tr>
<td>Room and Board</td>
<td>$3,963</td>
</tr>
<tr>
<td>Personal Expenses****</td>
<td>$1,614</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$694</td>
</tr>
<tr>
<td>**TOTAL:</td>
<td>**$10,245</td>
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</table>

** This budget covers a 16 week period for a single student living on campus enrolled in ILUNO full-time (21 hours per session). Students may anticipate an increase in the estimated cost each year. This does not include travel expenses to and from Omaha.

*** All figures are estimate and subject to change without notice. This estimate of expenses does not include transportation to and from Omaha.

**** Transfer students may be able to pay tuition for 8 weeks.

***** Actual personal expenses will vary based on lifestyle. Personal expenses DO NOT include money for cultural activities and/or souvenirs.

****** When a spouse and/or children are accompanying the student to the United States, students are required to demonstrate additional support: $2,506 for the first dependent and $1,467 for each additional dependent. This needs to be added to the estimated total listed above.

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name

Family/Last Name

Given/First Name

Middle Initial (optional)

NUID Number

Other names used

Email Address

SOURCES OF SUPPORT

Current documentation from each source must be provided. Bank documents are valid for 6 months from the start date of your program. Keep original documentation to present to immigration offices.

First-Year Amount

Personal Savings

$________________

Name of Your Bank

Location of Bank

Personal Sponsors (family members and others): All sponsors are required to complete Part 2 of this form and provide current bank statements. Use additional copies as needed. Students in the U.S. may not act as sponsors.

$________________

Sponsor #1

Name

Relationship to You

$________________

Sponsor #2

Name

Relationship to You

Sponsoring Organization (home government, international organization, university, employer, etc.)

$________________

Attach current official letter of award addressed to UNO, which includes terms of support, specific amount of support, and period of time covered by the grant.

APPLICANT’S STATEMENT

I certify that I will have a minimum of U.S. $10,245.00 available to me for each 16-week period I study in ILUNO.

I am prepared to fund my program of studies on the basis of my present resources (certified on this occasion) without relying upon future potential sources that have not materialized.

Applicant’s Signature

Date

Parent Signature (if under 19 years of age)

Date
List all dependents who will travel with you to the United States.

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
<th>Country of Citizenship</th>
<th>Spouse, Son, or Daughter</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Applicant:** It is not necessary to complete this section if all of your support are your own personal funds.

**ABOUT THE SPONSOR**

- **Full Name:**
- **Relationship to Applicant:**
- **Country of Citizenship:**
- **Country of Citizenship:**
- **If you are not a U.S. citizen and you have a U.S. address:**
  - **Visa Type:**
- **Are you a student?**
  - ☐ Yes
  - ☐ No

**SPONSOR’S CONTACT INFORMATION**

- **Email:**
- **Phone (if in U.S.):**
- **Mailing Address:**
- **City:**
- **State/Province:**
- **Postal Code:**
- **Country:**

**SPONSOR’S BANK**

- **Name of Bank:**
- **Location of Bank:**

All financial documentation should be photocopied and original documents made available to the student when arranging visas at the American Consulate.

**SPONSOR’S BANK**

I hereby guarantee without reservation to maintain and support (student’s name) for educational costs and living expenses while this student is enrolled in ILUNO. I understand that the applicant, if accepted to ILUNO, will be a full-time student who may not accept off-campus employment unless permission is granted. This permission is hard to obtain and must not be assumed to be available.

I hereby promise to provide (amount) U.S. $ for the first year of study. I will arrange to provide a major portion of the money to the student at the time of arrival to include housing costs, insurance, books, and tuition.

I certify that the information and guarantee provided on this page is accurate, complete, and true.

Any information given falsely or withheld will affect the decision on the student’s application and may make the student ineligible for enrollment.

I am attaching a current statement from my bank attesting to my financial status.

__________________________  __________________
Sponsor’s Signature        Date

__________________________  __________________
Applicant’s Signature      Date