



# INTENSIVE ENGLISH PROGRAM (IEP) FINANCIAL AFFIDAVIT

For IEP Students Only: Estimated Expenses for the 2026- 2027\* Academic Year

## 2026-27 ESTIMATED EXPENSES – 16 WEEKS (1 SEMESTER)\*\*

|                |                      |
|----------------|----------------------|
| <b>\$7,470</b> | Tuition              |
| <b>\$ 965</b>  | Fees                 |
| <b>\$1,920</b> | Health Insurance     |
| <b>\$ 400</b>  | Books and Supplies   |
| <b>\$6,774</b> | Room and Board       |
| <b>\$2,120</b> | Personal Expenses*** |
| <b>TOTAL:</b>  | <b>\$19,649****</b>  |

\* This budget covers a 16 week period for a single student living on campus enrolled in IEP full-time (18 hours per semester). Students may anticipate an increase in the estimated cost each year. This does not include travel expenses to and from the U.S.

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

\*\*\* 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: \$2,750 for the each dependent. This needs to be added to the estimated total listed above.

## THIS SECTION TO BE COMPLETED BY THE APPLICANT All fields required.

Name \_\_\_\_\_  
Family/Last Name Given/First Name Middle Initial (optional)

NUID Number \_\_\_\_\_ Other names used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

## SOURCES OF SUPPORT All fields required.

Current documentation from each source must be provided. Students and /or their sponsors must submit original Bank documents including an English translation. Bank Documents must be signed, stamped, and dated by a bank official. Bank Documents must be current or within 6 months from the date they are issued.

First-Year Amount

### Personal Savings

\$ \_\_\_\_\_  
Personal Savings Amount 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.

\$ \_\_\_\_\_  
Personal Sponsor 1 Amount Sponsor #1 \_\_\_\_\_  
Name Relationship to You

\$ \_\_\_\_\_  
Personal Sponsor 2 Amount 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.

\$ \_\_\_\_\_  
Sponsoring Organization Amount Name of Sponsoring Organization

## APPLICANT'S STATEMENT All fields required.

I certify that I will have a minimum of **U.S.\$19,649** available to me for each 16-week period I study in IEP.

I am prepared to pay for my program of study using currently available funds. I will not rely on any future or potential funding because it is uncertain.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if under 19 years of age) \_\_\_\_\_ Date \_\_\_\_\_



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

| Family Name | Given Name | Date of Birth | Country of Birth | Country of Citizenship | Spouse, Son, or Daughter |
|-------------|------------|---------------|------------------|------------------------|--------------------------|
|             |            |               |                  |                        |                          |
|             |            |               |                  |                        |                          |
|             |            |               |                  |                        |                          |

**Applicant:** If you are receiving sponsored support, then all fields below must be filled out.

If your support is coming from your own personal funds, then it is not necessary to complete this section.

## ABOUT THE SPONSOR

Full Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

If you are not a U.S. citizen and you have a U.S.

address:

Visa Type: \_\_\_\_\_

Is your sponsor an F1 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 AFFIDAVIT

I hereby guarantee without reservation to maintain and support (*student's name — required*) \_\_\_\_\_ for educational costs and living expenses while this student is enrolled in IEP. I understand that the applicant, if accepted to IEP, 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 — required*) U.S. \$ \_\_\_\_\_ for the first year of study. I will arrange to provide a major portion 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

Office of International Admissions | 111 EAB, 6001 Dodge Street, Omaha NE 68182-0080 | 1.402.554.2293 | [unointernational@unomaha.edu](mailto:unointernational@unomaha.edu) | [admissions.unomaha.edu](http://admissions.unomaha.edu)