

## New College of Florida Financial Statement for International Students

New College of Florida Office of Admissions 5800 Bay Shore Rd Sarasota, FL 34243-2109 (941) 487-5000 Fax (941) 487-5001 admissions@ncf.edu

International students **must** be able to finance their own education since there is no financial aid available to them through the institution. Costs for the 2014-2015 academic year for international students are estimated at \$43,156, covering tuition, fees, room, board, books, medical insurance, and personal expenses. Students are responsible for proving their ability to meet these expenses. They are also responsible for budgeting for international travel and summer living expenses (not included in the cost estimate), for any unexpected increase in costs and for an increase each year for room, board, and out-of-state tuition.

## **New College Estimate of Expenses**

2014-2015 Academic Year				
Tuition* and Fees	\$	29,900		
Room and Board	\$	8,856		
Books and Supplies	\$	1,200		
Medical insurance <sup>◆</sup>	\$	900		
SEVIS fee	\$	200		
Personal Expenses	\$	2,100		
Total	\$	43,156		

- \* Tuition and fees are subject to change without notification.
- \* All non-immigrant international students are required to carry health insurance.

All bank statements or letters must be original (no photocopies) and dated no more than six months prior to the intended date of entry. No financial aid is available. *Funding for U.S. Study*, published by Institute of International Education, 809 United Nations Plaza, New York, NY 10017-3580, may provide additional sources of support.

Total \$ 2,100 \$ 43,156			ls for any dependents who n ons to make arrangements.	nay accompany you.	
Mr. Ms. Name Mrs.  last (family)  US Social Security No (if you have one)	first		<b>L</b> middle	Jr, III, etc	
Home Address (in your country of citizenship)					
A Certificate of Eligibility (I-20 or IAP-66) w	vill not be issued until t	this form is complete	ed and returned to New	College of Florida.	
Enter amounts in U.S. dollars. Please <b>PRINT ALL</b> $\epsilon$ exchange rate. This form is valid only if signed by		ts should have amount	ts expressed in U.S. dolla	ars or have current	
STUDENT'S SOURCES OF FUNDS	First Year	SECOND YEAR	THIRD YEAR	FOURTH YEAR	
PERSONAL OR FAMILY SAVINGS	ASSURED SUPPORT		PROJECTED SUPPORT		
Name of Bank  Bank official's signature is required on the certification below if the student is partially or totally supported by personal savings.					
PARENTS AND/OR SPONSORS	ļ	1	ı		
Name		1			
Name Parent's or sponsor's signature is required. See the certification below. Bank certification is required					
Your Government					
Name of Agency		1	1		
		1	ı		
5 I with this form a signed copy of your letter of award		1	ı		
Enclose with this form a signed copy of your letter of award.  OTHER (SPECIFY)	+		+		
Name					
Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.					
Each of these totals should equal the institution's estimate of expenses for one year. (See above)  TOTAL	\$43,156	\$43,500	\$44,267	\$41,720	
I certify that the information here is correct and co	omplete.				
Signature of student			Date		
	L CERTIFICATION OF SOUR	CES OF FUNDS AND AM			
This is to certify that I have read the information furnished by the that it is a true and accurate statement, and that the funds are a	the applicant on this form,	This is to certify that I have re	read the information furnished by statement, and that the funds ar		
Signature of bank official		Name (Please print)			
Tide		Signature of sponsor			
Name of bank		Address			
Address		Relationship of sponsor to studen	nt		

Stamp or Seal