



Loyola University New Orleans  
Affidavit of Financial Support

Start term:

Spring 2016  Fall 2016

Name (as written on passport):	Common Application ID number (if applicable):
Mailing address in home country (no P.O. Box permitted):	Date of birth (month/day/year):
Email address and phone number:	Country of citizenship (if dual citizen, please list all countries):
Academic Interests:	Who will provide funds? Family <input type="checkbox"/> Sponsor <input type="checkbox"/> Private organization <input type="checkbox"/>

As an international student applicant, you are required to certify that you have sufficient funds to cover your expenses while attending Loyola University New Orleans. This **Affidavit of Financial Support** must be completed by every international student applicant *before* the I-20 form will be issued. All institutional scholarships (merit, talent, athletic) will be included on this Affidavit of Financial Support.

Below is an **estimated** cost for the 2016-2017 school year. The **total cost** is the amount that must be proven in the attached form. The **scholarship total** will be deducted from the **total cost** to equal your **student balance**. If you are eligible for a scholarship, you will be notified of the amount with your admission decision. A student's family or financial sponsor must complete this form and submit a signed letter from the financial institution confirming sufficient funds. These costs do not include travel from a student's home country to Loyola University New Orleans.

Tuition and fees	\$38,754
Room and board	\$7,430
Meal plan	\$5,304
Insurance	\$1,584
Textbooks and supplies	\$1,230
<b>Total Cost</b>	<b>\$54,302</b>



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Below is a list of scholarships you have received from the university.

Table with 2 columns: Scholarship Name, Amount. Rows include Merit Scholarship, Ignatian Scholarship, Talent Scholarship (College of Music and Fine Arts), Athletic Scholarship, and Scholarship Total.

Table with 2 columns: Description, Amount. Rows include Total Cost =, Scholarship Total, and Student Balance.

I certify that I will provide financial support for \_\_\_\_\_ (student's name) while attending Loyola University New Orleans. I understand that the required amount of funding for the student will be a minimum of \$ \_\_\_\_\_ and does not include travel to/ from New Orleans. Furthermore, I understand that this funding is required as long as the student is a regular full- time student and that all fees are due upon billing and are subject to change without notice.

Name of Sponsor/ Parent (print) Signature of Sponsor/ Parent Date

I certify that \_\_\_\_\_ (name of sponsor/ parent) is in good standing with \_\_\_\_\_ (bank name) and has the required minimum of \_\_\_\_\_ to support \_\_\_\_\_ (student name) while studying at Loyola University New Orleans.

Signature of bank official where funds are located Date

Please provide an official bank letter with seal and return all documents to:

Loyola University New Orleans
Office of Admissions
6363 St. Charles Ave
New Orleans, LA 70118
intadmit@loyno.edu