## Seton Hill University

**Undergraduate Admission Academic Year 2023-2024** 

# **Certification of Financial Responsibility Form**

### **Part I: Student Information**

Name:				
Last	First		M.I.	
Mailing Address:		City	Postal code	Country
Date of Birth (month / day / year)	Phone Numb	oer (if in U.S.)	E-m	ail
City and Country of Birth	Country of Citizenship			
If you are in the U.S. what is your visa type? (	(F-1, J-1, etc.)	I-94	Expiration Date	
If F-1, please indicate your immigration admis	ssion number (on	the Form I-94) _		
Part II: Estimated Cost for the 2023-2024 Academic Year These figures are estimated costs for 10 months and are subject to increase without notice.		Part III: Source of Funding Please indicate your source(s) of funding for the duration of your program at Seton Hill University and include the required documentation. You must have a minimum of \$58,990 available for undergraduate study per year. All amounts must be in U.S. dollars. Amount Available each year of study:		
UndergraduateTuition and Academic Fees*\$ 41,700Resident Hall (room)**\$ 7,550		Personal Savi	ngs \$	Official Bank Statement
Board –Meal Plan***\$ 6,24Miscellaneous****\$ 3,50	<u>0</u>	Sponsor	\$	Sponsor's Official Bank Statement
Total \$ 58,990   *Undergraduate tuition and fees are estimated. For the second		Scholarship	\$	Official Letter from Awarding Institution
based on the student's course schedule. **Room and ***Board are subject to change and could increase based on housing availability.		Other	\$	Please specify and add Original Document
****Miscellaneous costs include travel, insuranc supplies, etc.	ce, books,	Total	\$	

#### **Sponsor Statement**

I certify that the above information is correct, and that funding in the amount of \$\_\_\_\_\_\_ (minimum **\$58,990** for undergraduate study) will be available the first year and for each subsequent year of study for the duration of the academic program. I understand that I will be required to provide support for a minimum of 4 years for the bachelor's degree. I have enclosed bank or other financial institution verification demonstrating availability of funds for the first year.

Name of Sponsor (please print)	Relationship to Applicant
Sponsor's Signature	Date

#### **Applicant Statement**

This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statements by my sponsor(s) or me can result in a denial or cancellation of admission.