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| Loyola University New Orleans Affidavit of Financial Support |
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Start term: Fall 2024 Spr 2025

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| Name (as listed on passport): | Loyola University New Orleans CWID: |
| Mailing address in home country (P.O. Box not permitted): | Date of birth (month/day/year): |
| Email address and phone number of applicant: | Country of citizenship (if dual citizen, please list all countries): |
| Academic Major: | Who will provide funds? Family <input type="checkbox"/> Sponsor <input type="checkbox"/> Private organization <input type="checkbox"/> |

International student applicants requiring an F-1 student visa or a J-1 exchange visitor visa are required to certify that they have sufficient funds available to cover the total cost of attendance at Loyola University New Orleans for one academic year. A complete and accurate **Affidavit of Financial Support** is required in order for an I-20/DS-2019 form to be created and issued to the student. An I-20/DS-2019 will be created after the student has been admitted to the institution and an affidavit of financial support has been submitted.

Below is an estimation of expenses for the 2024 -2025 academic school year. Students that are eligible for a merit, talent or athletic scholarship will be notified individually. Students may deduct their **scholarship total** from the **total cost** to equal the **student balance**. A student’s family or financial sponsor must complete this form with a signature of a Bank Official and Seal of the Banking Institution. In lieu of the bank signature, a certified letter from the banking institution specifying the amount on deposit will be accepted. If there are multiple sponsors, then each sponsor must sign an affidavit and submit a bank certification. Each bank certification submitted must include the following: the sponsor’s name (translated name must be printed on the original document); date (documents must be dated no more than 12 months prior to the date classes begin for the desired term of enrollment); amount of available funds and the type of currency. Applicants wishing to use other documents to show sufficient funds should contact The Office of Admissions or the Center for International Education to discuss.

| Estimated 2024 - 2025 Academic Year Charges | |
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| Tuition and Fees | \$49,440 |
| Room, Board and Personal Expenses | \$18,178 |
| Insurance | \$1,915 |
| Textbook and Supplies | \$1,340 |
| Total Cost | \$70,873 |

Note: the above costs do not include travel from a student’s home country to Loyola University New Orleans.

Scholarships this student has received from Loyola University New Orleans:

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| Merit Scholarship | |
| Talent and Athletic Scholarship | |
| Scholarship Total | |



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1. To be completed by family, sponsor or private organization providing funds-

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| Total Cost | \$70,873 |
| Scholarship Total | |
| Student Balance | |

I _____ (name of sponsor) certify that I have read the above information, that it is a true and accurate statement, and that the funds are available and will be provided as indicated. I certify that I will provide financial support for _____ (name of applicant) 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.

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|-------------------------|----------------------|---------------------------------|------|
| Name of Sponsor (print) | Signature of Sponsor | Relationship to Student (print) | Date |
|-------------------------|----------------------|---------------------------------|------|

2. To be completed by applicant.

I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.

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|---------------------------|------------------------|------|
| Name of Applicant (print) | Signature of Applicant | Date |
|---------------------------|------------------------|------|

3. To be signed by Bank Official and Stamped with Seal of Banking Institution. Please return all documents to Loyola University New Orleans. In lieu of the bank official's signature, a certified letter from the banking institution specifying the amount on deposit will be accepted.

I certify that _____ (name of sponsor) is in good standing with _____ (name of financial institution) and has the required minimum of \$_____ to support _____ (name of applicant) while studying at Loyola University New Orleans.

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| Name of Bank Official (print) | Signature of Bank Official | Title of Bank Official (print) |
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| Seal of Bank | Date |
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