



\_\_ Lay (\_\_\_\_ married \_\_\_\_ single \_\_\_\_ widowed \_\_\_\_ separated)

\_\_ Diocesan Clergy (specify diocese, name & address of bishop)

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\_\_ Religious (specify community, province, name & address of superior)

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Does your community have a house in the United States? \_\_\_\_\_

If so, please specify the name & address of the local superior.

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Do you have health insurance? Yes                      No      (Circle one)

If so, what kind? \_\_\_\_\_ Carrier \_\_\_\_\_

Please indicate the person who will be financially responsible for you during your stay in the United States.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Financial Statement: (Necessary for completion of I-20 form)

Tuition	\$ 14,500	Student's personal funds (required)	\$ _____
Estimated fees/Books	1,000	Funds from another source	\$ _____
Living expenses (minimum)	8,500	(specify type and source)	\$ _____
Health insurance (approximate)	1,450		
Total	\$ 25,450	Total amount	\$ _____

Please note that the amount of money that the applicant is planning to provide must match or exceed the total amount that has been calculated that will be needed for one academic year.

Signature \_\_\_\_\_ Date \_\_\_\_\_