

__ Lay (____ married ____ single ____ widowed ____ separated)

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

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

Does your community have a house in the United States? _____

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

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: _____

Telephone: _____ E-mail: _____

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

Tuition	\$ 18,000	Student's personal funds (required)	\$ _____
Estimated fees/Books	1,000	Funds from another source	\$ _____
Living expenses (minimum)	12,000	(specify type and source)	\$ _____
Health insurance (approximate)	2,000	Health Insurance _____ (Yes/No)	
Total	\$ 33,000	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 _____