

STATEMENT OF RESOURCES FORM

SCHOOL OF NURSING

(to be completed by applicant)

1. Student Information: Student ID Number: _____ Date of Birth (MM/DD/YY): ____/____/____

Name: Family/Last (Surname) _____ First (Given) _____

Give your name as it appears (or will appear on your passport. Your passport and application I-20 name must be the same. If passport has been issued attach a copy to this form.

2. Proper completion of this form is required before an I20 (Certificate of Eligibility) can be issued. The U.S. Immigrations and Customs Enforcement regulations require proof that sufficient funds are available to meet educational and living expenses while in the United States. Thus, you must submit financial documentation that proves you have sufficient funds to meet one *full year of expenses, as estimated below. Inaccurate information submitted on this form may result in financial crisis. Please keep in mind that tuition cost is determined by the Texas legislature and is subject to change without notice.

Tuition:	\$14,012.00	Tuition:	\$18,811.00
Living:	\$12,000.00	Living:	\$12,000.00
9 - MONTH TOTAL		12 - MONTH TOTAL	
\$26,012.00 USD		\$30,811.00 USD	

**FALL & SPRING applicants are required to submit finances for a 9-month period of study.

**SUMMER applicants are required to submit finances for a 12-month period of study.

3. Dependent Information: If you will be accompanied by dependent (s) please provide the following information for each individual. You must add the following amounts to the required 9 or 12 month fund total: (1 person)-\$5,000.00 USD; (2 people)-\$7,500.00 USD; (3 people)-10,000 USD; (4 people)-\$12,500.00 USD. Please note, a dependent is defined as a spouse or child under the age of 21.

Last Name (as on passport)	First Name (as on passport)	Date of Birth mm/dd/yyyy	Country of Citizenship

4. Source (s) of support: Indicate below the source & amount of financial support. If you have more than one source check as many categories (A, B, or C) as appropriate & list amount.

___ **A.** If you are supporting yourself have your bank complete the Bank Affidavit. \$ _____

___ **B.** If you are not self-supporting have your sponsor complete the Sponsor's Statement & have the sponsor's bank complete the Bank Affidavit \$ _____

___ **C.** If you will be sponsored by government, employer, other organization or if you will be supported by a scholarship request an award letter stating your name, amount of U.S. Dollars for each year of study, beginning & ending dates; degree level; and major field of study. \$ _____

TOTAL OF A, B and C \$ _____

5. I understand that by submitting this form I certify the following: (1) I will have the minimum listed above for a 9-month period of study or a 12-month period of Study in U.S. (2) The I-20 amounts listed above do not include travel; I will have adequate funds to travel to and from the U.S. (3) I will make the necessary arrangements to have all funds transferred to the U.S. (4) I need approximately \$6,000.00 in U.S. currency to meet initial enrollment & housing rental expenses. (5) I must attend a new student orientation program before registering for classes. (6) I will be required to purchase health insurance. (7) If I choose to enroll in the summer, I understand that the 9 month I-20 does not include tuition and fees for summer term enrollment. Summer enrollment is optional. I understand that additional funds will be required if I choose to enroll in the summer terms. Please see the 12 month I-20 amount listed above which includes tuition and fees for summer term enrollment.

Mail to: Graduate School, UTA Box 19167, Arlington TX 76019 OR FAX to 817-272-1494

SPONSOR'S STATEMENT FORM
SCHOOL OF NURSING

(Please give to your sponsor (s) to complete)

1. Applicant's name, date of birth, and UTA ID number. **Give your name as it appears (or will appear) on your passport. Your passport and application I-20 name must be the same.**

Name: Last (Surname) _____ First (Given) _____

Date of Birth ____/____/____ Student ID Number ____/____/____

2. Sponsor's statement: I certify that I am the sponsor of the applicant whose signature appears on the "Statement of Resources." I verify that I have liquid assets as indicated below to meet the educational and living expenses of the applicant during his period of study at UTA. I understand that I must have my bank complete the UTA BANK AFFIDAVIT FORM or provide a letter from my bank verifying availability of funds.

3. Sponsor's Name (print) Last/Family _____ First: _____

Sponsor's relationship to applicant: Father Mother Other-specify: _____

Sponsor's Signature: _____

Amount of liquid assets available in USD \$ (Circle one below)

\$26,012 or \$30,811 or other: specify amount \$ _____

Date form completed: mm/dd/yy ____/____/____

4. Optional (complete only if 2nd sponsor is needed)

2nd Sponsor's Name (print:) Last/Family _____ First _____

2nd Sponsor's Signature (print): Last/Family _____ First _____

Sponsor's relationship to applicant: Father Mother Other-specify: _____

Amount of liquid assets available in USD \$ (Circle one below)

\$26,012 or \$30,811 or other: specify amount \$ _____

Date form completed: mm/dd/yy ____/____/____

Mail to: Graduate School, UTA Box 19167, Arlington TX 76019 OR FAX to 817-272-1494

**BANK AFFIDAVIT FORM
SCHOOL OF NURSING**

(Please have this form completed by your bank)

1. Applicant's name, date of birth, and UTA ID number. **Give your name as it appears (or will appear) on our passport. Your passport name and application I-20 name must be the same.**

Name: Last (Surname) _____ First (Given) _____

Date of Birth ____/____/____ Student ID Number ____/____/____

2. Sponsor/Account Holder's name (print):

Last/Family (print) _____ First _____

Bank Certification: I certify that the account holder, whose name is listed above has liquid assets deposited in this bank that meets or exceeds the amount listed in item number 2 below.

Financial Information: Amount of liquid assets available in USD\$ (circle one below)

\$26,012 or \$30,811 or other: specify amount \$ _____

Name and address of bank:

Bank Representative's Title: _____

Bank Representative's Signature: _____

Date form completed by bank representative: mm/dd/yy ____/____/____

3. Optional: complete only if 2nd sponsor is needed:

2nd Sponsor/Account Holder's name (print):

Last/Family (print) _____ First _____

Bank Certification: I certify that the account holder, whose name is listed above has liquid assets deposited in this bank that meets or exceeds the amount listed in item number 2 below.

Financial Information: Amount of liquid assets available in USD\$ (circle one below)

\$26,012 or \$30,811 or other: specify amount \$ _____

Name and address of bank:

Bank Representative's Title: _____

Bank Representative's Signature: _____

Date form completed by bank representative: mm/dd/yy ____/____/____

Mail to: Graduate School, UTA Box 19167, Arlington TX 76019 OR FAX to 817-272-1494

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UTA correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.