



CARSON-NEWMAN

A CHRISTIAN UNIVERSITY

Student Name: _____

C-N ID # _____

Confirmation of Financial Support

Step 1: Estimate Your Cost of Attendance See Cost of Attendance Reference Sheet

Please calculate your Estimated Cost of Attendance for one year in the chart below by choosing your program and adding costs of dependents, if any and then subtracting scholarships, if any. Please note: If a dependent (spouse and/or child) will come with you to the U.S. an additional \$5,000 for your spouse and \$4,000 for each child must be added).

	English Language Program (ELI)	Undergraduate Program (UG)	Graduate Program (GRAD)
Estimated Cost of Attendance The estimated cost includes mandatory health insurance through Trawick International (approx. \$1,800 per year).	\$23,830	\$45,750	\$19,845 – MAT/MED \$21,375 – MBA \$20,925 – MSC \$23,625 – MSN
Add total for dependents if any			
Subtract Scholarship Award(s)			
Total Amount Required	\$	\$	\$

Step 2: Financial Information:

Source of Funding	Certification of Funds	Amount
<input type="checkbox"/> Self-Supporting attach bank letter-please review bank letter instructions	Name of Financial Institution: _____ Location (City/Country): _____	
<input type="checkbox"/> Sponsored by another individual attach bank letter for account in sponsor's name; by signing this form, the sponsor certifies that funding amount provided is true, that funds are readily available and will be provided for the student's education.	Name of Sponsor: _____ Relationship to student: _____ Signature of Sponsor: _____ Date of Signature: _____	
<input type="checkbox"/> C-N Scholarship; for athletic, please include name of sport & coach	Type of Scholarship (athletic, merit, graduate assistant) _____	
<input type="checkbox"/> Scholarship or Government Funding attach official copy of award/sponsor letter & a bank letter for expenses not covered by scholarship, if applicable.	Name of institution, government, or other sponsoring agency: _____	
<input type="checkbox"/> Other:		
	TOTAL	\$

Step 3: Student Verification: I hereby certify that the information given on this form is complete and accurate to the best of my knowledge. I understand that I am ultimately responsible for all expenses associated with my stay in the United States.

Student Name

Student Signature

Date (month/day/year)