# Yale school of nursing Office of Financial Aid

## FINANCIAL CERTIFICATION FORM FOR INTERNATIONAL STUDENTS ADMITTED FOR FALL 2023

Last/Fa	mily Name:	_First Name:	Date of Birth:	City of Birth:	
			(mm/dd/y	ууу)	
Financia	al Certification				
	order to receive your I-20 for Yale School of Nurs ademic program at Yale University (e.g. three-y	<b>0</b> . <i>1</i>	·	· · · · · · · · · · · · · · · · · · ·	
	Fully complete the section below "Sources and Amount of Financial Support for Duration of Academic Program" to demonstrate your funding source(s) for each year of your academic program.				
	ou plan to bring dependents with you to the U.S ar 2022-2023" (Remember dependents in F-2 sta		unding. See the table below	"Estimated Expenses for the Academic	
	and a state of the		· · · · · · · · · · · · · · · · · · ·	al de consta la la consta la contra de la contra de la contra de la consta de la consta de la consta de la const	

 In order to assure that you will have sufficient time to receive your I-20 and apply for your visa, please submit your financial documents by no later than <u>March</u> <u>31, 2022</u>.

### **Acceptable Forms of Financial Certification**

The following forms of financial certification are acceptable:

- 1. A bank statement you or your sponsor's name (sponsor may be family member or friend). The statement must be issued within the last three (3) months and include the current balance which shows more than the required amount.
- 2. If the bank statement has any name other than yours (the student), the sponsor must provide a letter of support.
- 3. A photocopy of a scholarship letter in your name for study at Yale University.

#### ESTIMATED EXPENSES FOR THE ACADEMIC YEAR 2022-2023

Estimated Expenses	Single Student	Additional expenses with Spouse	Child(dren)
Tuition & Fees	\$72,727	\$72,727	
Living Expenses	\$26,950	\$40,832	First child \$28,3030
Required Health Insurance	\$2,756	\$15,902*	*\$15,902(family)
TOTAL	\$102,433	\$129,461	

#### SOURCES AND AMOUNTS OF FINANCIAL SUPPORT FOR DURATION OF ACADEMIC PROGRAM SEE CHART ABOVE FOR TOTAL OF FUNDS REQUIRED

If your program length is for multiple years, you must indicate the anticipated source of funding for each year.

Sources of Funding	Year #1 Amount	Year #2 Amount	Year #3 Amount	Year #4 Amount
1.				
2.				
3.				
4.				
TOTAL (equal to estimated expense total above)				

#### **Immigration Document Mailing Address**

Please provide the best mailing address for your immigration document.

Address Line 1:		
Address Line 2:		
City:	Zip Code:	Country:
I certify that I have truthfully stated the fi	nancial arrangements to support my studies at Yale Universi	ty.
Signature:		Date:

RETURN WITH THE REQUIRED FINANCIAL DOCUMENTATION BY EMAIL TO: ysnfinancialaid@yale.edu