If your funds will come from a private sponsor or a government or other sponsoring agency, they must also sign and certify this form. Signatures certify that you and your sponsors have read this form, that it is a true and complete statement, and that the funds are available and will be provided as indicated.

Name of Dependent (printed)

Name of Student, that F-2 visa holder is dependent on

Date

Name of Sponsor (printed)

Signature of Sponsor

Relationship to Student/Dependent

The Living Expenses Estimate for a Dependant of an International Student for the 2015/2016 school year is listed below. Travel expenses are not included. Your funds must meet or exceed the total amount.

**Estimated Living Expenses (one year/one person)**  $3,516

**Health insurance**

For Spouse  $3,760.80*

Health insurance for child  $2,925.00*

**TOTAL Estimated Expenses between:**  $7,276.80 - $10,201.80

*If you have your own health insurance coverage, you can subtract this cost.

Please list your fund amounts and sources:

Savings or other personal funds  $___________________

Funds from your parents or sponsors  $___________________

Other sources of funding  $___________________

Name of other source of funding ___________________________________________

**TOTAL**  $___________________

2900 North Menomonee River Parkway • Milwaukee, WI 53222-4597 • (414) 930-3024 • mtmary.edu