

INTENSIVE LANGUAGE PROGRAM (ILUNO) FINANCIAL AFFIDAVIT

For ILUNO Students Only: Estimated Expenses for the 2024 - 2025* Academic Year

2024-25 ESTIMATED EXPENSES – 16 WEEKS (2 SESSIONS)**

\$4,086	Tuition***
\$ 763	Fees
\$ 400	Books and Supplies
\$6,065	Room and Board
\$2,016	Personal Expenses***
\$1,522	Health Insurance

TOTAL:

\$14,852 ****

- * This budget covers a 16 week period for a single student living on campus enrolled in ILUNO full-time (18 hours per session). Students may anticipate an increase in the estimated cost each year. This does not include travel expenses to and from the U.S.
- ** All figures are estimate and subject to change without notice. This estimate of expenses does not include transportation to and from Omaha.
- *** Transfer students may be able to pay tuition for 8 weeks.
- **** Actual personal expenses will vary based on lifestyle. Personal expenses DO NOT include money for cultural activities and/or souvenirs.
- ***** When a spouse and/or children are accompanying the student to the United States, students are required to demonstrate additional support: \$2,750 for the each dependent. This needs to be added to the estimated total listed above.

THIS SECTION TO BE COMPLETED BY THE APPLICANT All fields required.

Name						
Family/La	st Name	Given/First Name	Middle Initial (optional)			
NUID Number		Other names used				
Date of Birth ———	Email Addr	ess —				
SOURCES OF	SUPPORT All fields required.					
	k Documents must be signed, st	-	must submit original Bank documents including an ocuments must be current or within 6 months from			
First-Year Amount	Personal Savings					
\$	3 .					
Personal Savings Amount	Name of Your Bank	Loc	cation of Bank			
	• `	ly members and others): All sponsors are rec ements. Use additional copies as needed. Sti				
\$	Sponsor #1					
Personal Sponsor 1 Amount	Name		Relationship to You			
\$	Sponsor #2					
Personal Sponsor 2 Amount	Name		Relationship to You			
\$	Sponsoring Organization (home government, international organization, university, employer, etc.) Attach current official letter of award addressed to UNO, which includes terms of support, specific amount of support, and period of time covered by the					
Sponsoring Organization Amount	grant					
APPLICANT'S	STATEMENT All fields requ	ired.				
Icertify that I will have	a minimum of U.S. \$14,852 ava	ilable to me for each 16-week period I stud	y in ILUNO.			
I am prepared to fund I potential sources that I	• . •	asis of my present resources (certified on th	is occasion) without relying upon future			
Applicant's Signature			Date			
Parent Signature (if under 19 y	rears of age)		Date			

Office of International Admissions | 111 EAB, 6001 Dodge Street, Omaha NE 68182-0080 | 1.402.554.2293 | unointernational@unomaha.edu | admissions.unomaha.edu



INTENSIVE LANGUAGE PROGRAM (ILUNO) FINANCIAL AFFIDAVIT

For ILUNO Students Only: Estimated Expenses for the 2024 - 2025* Academic Year

List all dependents who will travel with you to the United States.

Family Name	Given Name	Date of Birth	Country of Birth	Country of Citizenship	Spouse, Son, or Daughter

Applicant: If you are receiving sponsored support, then all fields below must be filled out.

If your support is coming from your own personal funds, then it is not necessary to complete this section.

ABOUT THE SPONSOR	SPONSO	SPONSOR'S CONTACT INFORMATION			
Full Name	Email	Email			
Relationship to Applicant	Phone (if in U.S.	Phone (if in U.S.)			
Country of Citizenship	Mailing Addres	Mailing Address			
If you are not a U.S. citizen and you have a U.S. address: Visa Type:					
Are you a student? 🗆 Yes 🗆 No	City	State/Providence	Postal Code		
SPONSOR'S BANK	Country				
Name of Bank					
Location of Bank					
All financial documentation should be photocopied and original do	cuments made available to the	e student when arranging viso	as at the American Consulate.		
SPONSOR'S AFFIDAVIT					
I hereby guarantee without reservation to maintain and support (st	tudent's name — required		for educational		
costs and living expenses while this student is enrolled in ILUNO. I	, ,				
not accept off-campus employment unless permission is granted. T	his permission is hard to obtai	n and must not be assumed t	to be available.		
I hereby promise to provide (amount – required) U.S. \$	for the first year of stu	dy. I will arrange to provide			
a major portion of the money to the student at the time of arrival to	o include housing costs, insura	nce, books, and tuition.			
I certify that the information and guarantee provided on this page	is accurate, complete, and true	e.			
Any information given falsely or withheld will affect the decision on	the student's application and	may make the student ineligi	ble for enrollment.		
I am attaching a current statement from my bank attesting to my f	inancial status.				
Sponsor's Signature		Date			
Applicant's Signature		 Date			

Office of International Admissions | 111 EAB, 6001 Dodge Street, Omaha NE 68182-0080 | 1.402.554.2293 | unointernational@unomaha.edu | admissions.unomaha.edu