



**INTERNATIONAL STUDENT I-20 APPLICATION  
CERTIFICATE OF ELIGIBILITY FOR THE F-1 VISA**

**Submit form with required financial documents to Elise Bennett by mail or email:**

Roanoke College Admissions Office  
221 College Lane  
Salem, VA 24153 U.S.A.  
[bennett@roanoke.edu](mailto:bennett@roanoke.edu)

**INSTRUCTIONS:** Information on this form will be used to prepare the I-20 form, which you will use to apply for an F-1 student visa. It is very important that all information is accurate and that *your name below matches the name on your passport*. This form is valid for 1 YEAR from the date of signature. All supplemental documents and written statements must be in English. **A copy of the first page of your passport should be attached to this application.**

**STUDENT INFORMATION**

**FAMILY/LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **MIDDLE NAME (if any):** \_\_\_\_\_

**PASSPORT NAME:** \_\_\_\_\_

Passport Name Example: P<USABENNETT<<ELISE<RENEE<<

**DATE OF BIRTH (month/date/year):** \_\_\_\_\_

**GENDER IDENTITY (check box):**  MALE  FEMALE  OTHER

**CITY OF BIRTH:** \_\_\_\_\_

**COUNTRY OF BIRTH:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTENDED ACADEMIC MAJOR:** \_\_\_\_\_

**SEMESTER/YEAR YOU PLAN TO BEGIN YOUR STUDIES (check box):**  FALL 2024  SPRING 2025  
*\*\*Exchange students please check all semesters you will be enrolled.*

**TRANSFERRING YOUR F-1 RECORD FROM ANOTHER U.S. SCHOOL? (check box):**  NO  YES

**IF YES, NAME OF TRANSFER SCHOOL (H.S. or university name)**

***\*Attach a copy of your current I-20 Form if you are currently attending a high school or university in the U.S.***

## FINANCIAL INFORMATION

**READ THOROUGHLY:** Estimates include tuition and fees for one academic year and living expenses for 12 months. *The cost of tuition/room and board is subject to change without notice.* When computing your funding, potential employment may not be included. You must submit proof of tangible funds for the first year of study and access to funds for the remaining years of your program. All supporting statements of funding must be written in English, with amounts in U.S. dollars, and no more than 6 months old. All funding must **at minimum** match the total estimate of costs.

1. List only your own personal funds that you hold in a bank account under STUDENT PERSONAL FUNDS and attach your bank letter/statement for proof of funds.
2. List your scholarships/financial aid (if any) that you have received from Roanoke College under FUNDS FROM ROANOKE COLLEGE.
3. List funds from your parent (s) under PARENTAL SUPPORT. Parent (s) must attach an AFFIDAVIT OF FINANCIAL SUPPORT along with a bank letter/statement, proof of income (letter from employer (s) or tax records), or official loan letter.
4. List all other support sources, such as additional family members, government loans or sponsorships, under OTHER SUPPORT. Other sources must attach an AFFIDAVIT OF FINANCIAL SUPPORT along with proof of access to those funds in the form of a bank letter/statement, proof of income (letter from employer or tax records), official loan award letter, etc.

**RESIDENT/COMMUTER COST OF ATTENDANCE 2024-2025**

TUITION: \$36,040

FEES: \$3,638 (Residential Tech, Student Activities, Wellness, Orientation, Bedding & Health Ins.)

ROOM/BOARD: \$15,366

**TOTAL ESTIMATED COST FOR YEAR: \$55,044**

### STUDENT'S FUNDING FOR FULL PROGRAM

FINANCIAL SOURCE:	ACTUAL YEAR ONE AMOUNT \$	ESTIMATED YEAR TWO AMOUNT \$	ESTIMATED YEAR THREE AMOUNT \$	ESTIMATED YEAR FOUR AMOUNT \$
1. <b>STUDENT PERSONAL FUNDS</b> (attach bank letter/statement):				
2. <b>FUNDS FROM ROANOKE COLLEGE</b> (if any):				
3. <b>PARENTAL SUPPORT</b> (name; attach affidavit & proof):				
4. <b>OTHER SUPPORT</b> (name; attach affidavit & proof):				
5. <b>OTHER SUPPORT</b> (name; attach affidavit & proof):				
<b>TOTAL (#1 through #5 should equal total cost of attendance):</b>	<b>\$55,044</b>	<b>\$55,044</b>	<b>\$55,044</b>	<b>\$55,044</b>

*I certify that the above information provided is correct and truthful. If any of the information changes prior to my enrollment at the college, I will immediately inform the Admissions Office.*

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF STUDENT: (family/last): \_\_\_\_\_ (first) \_\_\_\_\_



## AFFIDAVIT OF FINANCIAL SUPPORT (Parental Support)

*By completing this affidavit, you are swearing to Roanoke College and the U.S. government that you will provide this student with the specific amount of money listed for each year as indicated below in order to support the student's tuition, fees, and living expenses. Before signing this form, you should understand that failure to provide promised funds may result in the student having to suspend studies and leave the U.S. Please only promise what you can truly afford to provide to the student.*

INSTRUCTIONS: Answer all the questions in English. Attach proof of funding in English and U.S. dollars. Proof may include bank letters/statements, employer letters verifying income, tax forms verifying income or rental property income. **All documents must be no more than 6 months old.** Sign affidavit and return to student or directly to the Admissions Office (Mailing Address: Roanoke College, Admissions Office, 221 College Lane, Salem, VA 24153, U.S.A.)

I, \_\_\_\_\_, (name of person completing form), guarantee that the sum amount of \$ \_\_\_\_\_ USD will be available to \_\_\_\_\_ (name of student)

in cash for the first year of study at Roanoke College. Furthermore, I promise the following amount for the subsequent years of study: Second Year: \$ \_\_\_\_\_ Third Year: \$ \_\_\_\_\_ Fourth Year: \$ \_\_\_\_\_

My relationship to the student: \_\_\_\_\_ (parent, friend, spouse, etc.)

My mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The following people are fully or partially dependent upon me for financial support (not including student):

\_\_\_\_\_ (names and relationship)

\_\_\_\_\_ (names and relationship)

\_\_\_\_\_ (names and relationship)

\_\_\_\_\_ (names and relationship)

Name of my employer: \_\_\_\_\_

Annual Salary \$: \_\_\_\_\_ Other Income: \$ \_\_\_\_\_

*I certify that the above information provided is correct and truthful to the best of my knowledge.*

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)



## AFFIDAVIT OF FINANCIAL SUPPORT (Other Support)

*By completing this affidavit, you are swearing to Roanoke College and the U.S. government that you will provide this student with the specific amount of money listed for each year as indicated below in order to support the student's tuition, fees, and living expenses. Before signing this form, you should understand that failure to provide promised funds may result in the student having to suspend studies and leave the U.S. Please only promise what you can truly afford to provide to the student.*

INSTRUCTIONS: Answer all the questions in English. Attach proof of funding in English and U.S. dollars. Proof may include bank letters/statements, employer letters verifying income, tax forms verifying income or rental property income. **All documents must be no more than 6 months old.** Sign affidavit and return to student or directly to the Admissions Office (Mailing Address: Roanoke College, Admissions Office, 221 College Lane, Salem, VA 24153, U.S.A.)

I, \_\_\_\_\_, (name of person completing form), guarantee that the sum amount of \$\_\_\_\_\_ USD will be available to \_\_\_\_\_ (name of student)

in cash for the first year of study at Roanoke College. Furthermore, I promise the following amount for the subsequent years of study: Second Year: \$\_\_\_\_\_ Third Year: \$\_\_\_\_\_ Fourth Year: \$\_\_\_\_\_

My relationship to the student: \_\_\_\_\_ (parent, friend, spouse, etc.)

My mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The following people are fully or partially dependent upon me for financial support (not including student):

\_\_\_\_\_ (names and relationship)

\_\_\_\_\_ (names and relationship)

\_\_\_\_\_ (names and relationship)

\_\_\_\_\_ (names and relationship)

Name of my employer: \_\_\_\_\_

Annual Salary \$: \_\_\_\_\_ Other Income: \$ \_\_\_\_\_

*I certify that the above information provided is correct and truthful to the best of my knowledge.*

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)