

INTERNATIONAL ADMISSIONS

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Financial Responsibility Form

Per federal regulations, F-1 International Students must provide evidence of their ability to pay academic and living expenses for one academic year (9-12 months).

Instructions for Completing This Form

1. Student and sponsor (if a sponsor is financially supporting the student) review page 1 of this form for estimated costs of attendance and living expenses. Then fill out page 2 and sign certifications.
2. Student submits this form with application materials, along with the required supporting document as evidence of the funds identified on page 2. Please see the International Admissions webpage for details on acceptable supporting documents: sctcc.edu/international-students
3. **Bank statements and letters must dated no later than 3 months from the time of applying and must be on original bank letterhead stationery, with a signature of a bank official and bank stamp in ink.**

Employment and Housing Information

St. Cloud Technical & Community College is not obligated to provide employment during the period of enrollment. Students are only permitted to work on campus in accordance with immigration regulations. Any other opportunities to work in the U.S. are limited by law.

SCTCC does not provide campus housing. Students are responsible for arranging their own living and transportation accommodations prior to arriving to the college. For housing resources visit sctcc.edu/housing and for transportation resources, visit sctcc.edu/parking.

All items listed below are estimated for nine months and full-time attendance (12 credits per term). Costs are subject to change. Tuition and fees are set by the Minnesota State Colleges and Universities Board of Trustees each July, preceding the academic year. Current tuition and fees are on the College's website, at sctcc.edu/tuition. Amounts shown below are in U.S. Dollars (USD).

Estimated Costs for 2023-2024 Academic Year (9-12 months)

Item	Estimated Cost
Tuition & Fees*	\$4,860
Living Expenses	\$10,750
Other Expenses**	\$3,500
Health Insurance***	\$2,300
	Total USD \$21,410
<i>If including spouse as F-2 dependent</i>	<i>\$3,500</i>
<i>If including children as F-2 dependent(s)</i>	<i>\$2,500 per child</i>

*Tuition rates are generally higher by \$20 per credit for on-line courses and by approximately \$20-\$35 per credit for Health Sciences and Nursing discipline courses. Details are available on the college website at sctcc.edu/tuition.

**Other includes books, materials, uniforms, tools, or any additional items specific to your area study. Tools and materials in trade/technical programs can cost up to \$5,000 and are the student's responsibility.

***Health Insurance is required and must be paid for each year prior to course registration. Minnesota State requires a specific private health insurance policy through UnitedHealthcare®. Prices for the policy are subject to change each academic year.

Updated 2/23/2024

Financial Responsibility Form

Student Name: _____ Star ID: _____

Source of Funds (check the box of all that apply)	Required Supporting Documents	Amount in U.S. Dollars
<input type="checkbox"/> Student's Personal Funds	Official Bank Statement from Student	\$ _____
<input type="checkbox"/> Sponsor- Name: _____ Relationship: _____	Official Bank Statement from Sponsor	\$ _____
<input type="checkbox"/> Government Sponsorship	Signed copy of award letter with effective dates	\$ _____
<input type="checkbox"/> Scholarship- Name: _____	Signed copy of award letter with effective dates	\$ _____
Total Funds must equal at least \$21,410 (with additional funds if adding dependents)		Total Funds \$ _____

Sponsor Certification of Supporting Funds (not required for scholarship or government sponsorship)

Sponsor's Name: _____ Home/Cell Phone: _____

Physical Address: _____

By signing this form, I agree to financially support this student. I have presented true and accurate information to demonstrate my financial ability to support the education and living expenses of this student for the duration of their studies. I agree to have St. Cloud Technical & Community College contact me regarding the student named on this application.

Sponsor Signature

Date

Bank or Notary Name and Contact Information

Bank or Notary Stamp

Student Certification

By signing this form, I certify that I have presented true and accurate information on this form. I certify I will have sufficient funds available to pay all expenses for the duration of my studies at St. Cloud Technical & Community College. I certify I will be able to pay for travel to and from my home country. I understand that I will not receive financial aid from the college (such as grants, loans, employment). I understand that any misrepresentation may be cause for denial of my admission to St. Cloud Technical & Community College.

Student Signature

Date

Bank or Notary Name and Contact Information

Bank or Notary Stamp

REMINDER: BANK STATEMENTS MUST BE DATED NO LATER THAN 3 MONTHS OF THE APPLICATION DATE