



Applicant (Student) Name: _____ FHSU ID: _____
(As on passport) Last (Family) First (Given) Middle (If available)

ESTIMATED COST TO ATTEND FORT HAYS STATE UNIVERSITY FOR ACADEMIC YEAR 2024-2025

Undergraduate (2 semesters) 12 credit hours per semester (Not Including Summer)	
Non-resident Tuition & Fees for 2 semesters	\$14,002
Orientation/Registration fee	\$60
Medical Insurance – Mandatory	\$2,500
Living Expenses – McMindes Hall Room & Board + \$40 application fee (9 months double room & open access meal plan) <i>[Other residence halls prices will vary]</i>	\$9,251
Miscellaneous (laundry, clothing, personal expenses)	\$1,000
Other: Books and School Supplies	\$700
ESTIMATED TOTAL (*Subject to change at any time by the Kansas Board of Regents)	\$27,513*

- Applicants with spouse and/or children must show additional certified funds: at least \$4,000 for spouse per year, and \$2,000 per child per year. Immediate family members must also purchase health insurance for an additional cost.

Liquid funds are defined as money that is immediately accessible for withdrawal for use in U.S. dollars to pay a U.S. institution.

- Examples of accepted liquid funds: Cash in an individual savings bank account / Cash in an individual checking bank account / Certificates of Deposits and Time Deposits / A U.S. based Money Market account that can be withdrawn immediately as cash in U.S. Dollars
- NOT** acceptable examples of liquid funds for the purposes of this financial statement: Investment accounts and portfolios / Stocks and Bonds / Mutual funds outside the U.S. / Property and tax records / Retirement funds / 401K or similar accounts / IRA accounts / Salary or employer letters / Accountant’s letters / Banks accounts listed in a company or business name.

Fill out the chart below to show the total amount of funds available to you in U.S. Dollars

- Attach a separate certified bank statement(s)** indicating account(s) with adequate funds.
 - These should be **original documents**, **not** screenshots.
 - Documents submitted in their native language must be accompanied by an official translation.**
- The parent/sponsor must complete the lower portion if providing funds for the student.

Source:	Amount:
A. From Family/Parent	\$ _____
B. From Student Banks/Account(s)	\$ _____
C. From Government or Sponsor	\$ _____
D. From Other Source (specify:)	\$ _____
TOTAL (Must be equal or more than estimated total above)	\$ _____

Another F-1 or J-1 student in the U.S. may not serve as a sponsor. Applicants are advised to obtain a second set of bank documents for use by the embassy issuing visa. On-campus employment is not guaranteed and therefore should not be relied on as a means of support.

I/We certify that I/we will provide financial support in the amount shown above for the applicant.

Sponsor/Parent’s Name: _____ Relationship to the applicant: _____

Address: _____

Sponsor/Parent’s Signature: _____ Date: _____

I certify the information on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statements may result in denial of admission or cancellation of registration.

Applicant’s Signature: _____ Date: _____

I-20 Request Information (must be completed to receive I-20)

Foreign Address: _____

City: _____ Province: _____ Territory Postal Code: _____

Country: _____ Email address: _____