



**KNOX**  
COLLEGE

Office Of Admissions  
2 East South Street  
Galesburg, Illinois 61401

## AFFIDAVIT OF FINANCIAL SUPPORT

Start term: ☐ Fall 2025    ☐ Winter 2026

Name (as listed on passport)

Application Reference Number

Mailing address in home country (P.O. Box not permitted)

Date of birth (month/day/year)

Email address and phone number of applicant

Country of citizenship (if dual citizen, please list all countries)

Academic major

Who will provide funds? ☐ Family    ☐ Sponsor    ☐ Private organization

International student applicants requiring an F-1 student visa or a J-1 exchange visitor visa are required to certify that they have sufficient funds available to cover the total cost of attendance at Knox College for one academic year. A complete and accurate **Affidavit of Financial Support** is required in order for an I-20/DS-2019 form to be created and issued to the student. An I-20/DS-2019 will be created after the student has been admitted to the institution, an enrollment deposit has been received, and an affidavit of financial support has been submitted.

Below is an estimation of expenses for the 2025-2026 academic school year. Students that are eligible for a merit, talent or athletic scholarship will be notified individually. Students may deduct their **scholarship total** from the **total cost** to equal the **student balance**. A student's family or financial sponsor must complete this form with a signature of a Bank Official and Seal of the Banking Institution. In lieu of the bank signature, a certified letter from the banking institution specifying the amount on deposit will be accepted. If there are multiple sponsors, then each sponsor must sign an affidavit and submit a bank certification. Each bank certification submitted must include the following: the sponsor's name (translated name must be printed on the original document); date (documents must be dated no more than 12 months prior to the date classes begin for the desired term of enrollment); amount of available funds and the type of currency. Applicants wishing to use other documents to show sufficient funds should contact their contact in The Office of Admissions or the Office of International Student Services.

### ESTIMATED 2025 - 2026 ACADEMIC YEAR CHARGES

Tuition and Fees	\$60,051
Room and Board	\$11,325
Total Cost	\$71,376

Note: the above costs do not include travel from a student's home country to Knox College.

### SCHOLARSHIPS THIS STUDENT HAS RECEIVED FROM KNOX COLLEGE:

Minimum Merit Based Scholarship    \$40,000



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**1. To be completed by family, sponsor or private organization providing funds. If you have more than one individual sponsoring your education, please complete #1 for each individual.**

Total Cost \$71,376

Minimum Scholarship Total \$40,000

Approximate Student Balance \$31,376

I, \_\_\_\_\_ (name of sponsor), certify that I have read the above information, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

I, \_\_\_\_\_, certify that my annual income is \$ \_\_\_\_\_, and I will provide financial support for \_\_\_\_\_ (name of applicant) in the amount of \$ \_\_\_\_\_ per year while he/she attends Knox College. Furthermore, I understand that this funding is required as long as the student is a regular full-time student and that all fees are due upon billing and are subject to change without notice.

\_\_\_\_\_  
Name of sponsor (print)

\_\_\_\_\_  
Signature of sponsor

\_\_\_\_\_  
Relationship to student (print)

\_\_\_\_\_  
Date

**2. To be completed by applicant.**

I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.

\_\_\_\_\_  
Name of applicant (print)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**3. To be signed by Bank Official and Stamped with Seal of Banking Institution.** Please return all documents to Knox College. In lieu of the bank official's signature, a certified letter or bank statement from the banking institution specifying the account balance will be accepted. If you have more than one individual sponsoring your education, please complete #3 for each individual.

I certify that \_\_\_\_\_ (name of sponsor) is in good standing with \_\_\_\_\_ (name of financial institution) and has the required minimum of \$ \_\_\_\_\_ to support \_\_\_\_\_ (name of applicant) while studying at Knox College.

\_\_\_\_\_  
Name of bank official (print)

\_\_\_\_\_  
Signature of bank official

\_\_\_\_\_  
Title of bank official (print)

\_\_\_\_\_  
Seal of Bank

\_\_\_\_\_  
Date



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\_\_\_\_\_  
Name of sponsor (print)

\_\_\_\_\_  
Signature of sponsor

\_\_\_\_\_  
Relationship to student (print)

\_\_\_\_\_  
Date

**2. To be completed by applicant.**

I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.

\_\_\_\_\_  
Name of applicant (print)

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Signature of applicant

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Name of bank official (print)

\_\_\_\_\_  
Signature of bank official

\_\_\_\_\_  
Title of bank official (print)

\_\_\_\_\_  
Seal of Bank

\_\_\_\_\_  
Date



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## **AFFIDAVIT OF FINANCIAL SUPPORT**

### **EXPECTED SUPPORT FOR EDUCATIONAL EXPENSES**

Enter the expected amount of annual support toward your educational costs from the sources listed below.  
Please note, this does not impact the amount of merit-based scholarships you will be awarded.

	<b>2025-26</b>	<b>2026-27</b>	<b>2027-28</b>	<b>2028-29</b>
Student's assets	U.S. \$ _____	\$ _____	\$ _____	\$ _____
Family's income	U.S. \$ _____	\$ _____	\$ _____	\$ _____
Family's savings	U.S. \$ _____	\$ _____	\$ _____	\$ _____
Relatives and friends	U.S. \$ _____	\$ _____	\$ _____	\$ _____
Your government	U.S. \$ _____	\$ _____	\$ _____	\$ _____
Agencies and foundations	U.S. \$ _____	\$ _____	\$ _____	\$ _____
Private sponsor	U.S. \$ _____	\$ _____	\$ _____	\$ _____
Other	U.S. \$ _____	\$ _____	\$ _____	\$ _____