

Name (family/surname, first/given as written on passport)	Common Application ID Number
Mailing Address	Date of Birth (month/day/year)
Email Address	Country of Citizenship

All international students who apply for admission to Holy Cross College must also submit a Certification of Finances at the time of application. This Certification outlines the financial resources that will be used to finance your Holy Cross education. Admission is ultimately dependent upon your ability to demonstrate sufficient financial support to cover the total projected costs of an undergraduate education. This form does not, however, take into account potential scholarships, and therefore, does not necessarily reflect your net price (out-of-pocket costs).

Strict government regulations require that the College verifies the financial resources of all international student applicants before the I-20 forms can be issued. The I-20 will be used to apply for the F-1 or a change of status to the F-1 status from within the United States. The I-20 will be issued by the College upon admission and confirmation to enroll at Holy Cross College.

Please print your responses to each question completely and accurately. Enter all amounts in U.S. dollars. Complete Sections A through E as appropriate. Return this document and supporting statements/letters to the Office of Admissions as a PDF via email to admissions@hcc-nd.edu. Note: Annual increases to the cost of attendance are anticipated.

Estimated 2026-2027 Cost of Attendance for Holy Cross College	
Tuition and Fees	\$52,970
Room and Meals ¹	\$13,600
Or Off-Campus Living Expense (estimate)*	\$14,570
Books and Supplies (estimate)*	\$800
Personal Expenses (estimate)*	\$2,900
Health Insurance ²	\$2,220
On-Campus Cost of Attendance (COA):	\$72,490

¹Students living off campus will not be charged for room and meals; rather, an off-campus living expense of **\$14,570** will be included in the COA calculation.
²Will be billed only if student does not provide proof of insurance; cost of insurance coverage subject to change.
***Indirect costs are estimates and not billed by Holy Cross College**

Section A	Annual Estimated Cost of Attendance at Holy Cross in U.S. Dollars <i>Does not include travel expenses</i>
Enter the amount of annual support you will receive to finance your educational costs for each year of your undergraduate education. Support may come from one or a combination of the sources listed below. (All amounts should be listed in U.S. dollars.)	Required total for 2026-2027 \$72,490 (on campus)
1. Student's and/or parents' savings/investments available for education. Name of Bank(s) _____ <input type="checkbox"/> I have attached a signed statement or letter from the bank confirming the value of my/my parents' savings (convert all amounts to U.S. dollars) and have completed Section B .	
2. Parents' income/salary available for education (typically not to exceed 25% of total income). <input type="checkbox"/> I have attached an income statement, tax form, or a signed letter from parents' employer confirming the value of income/salary (convert all amounts to U.S. dollars).	
3. Money available from sponsor, private organization, and/or government. <input type="checkbox"/> I have attached a signed letter from the sponsor, private organization, and/or government confirming the value of the award (convert all amounts to U.S. dollars) and have completed Section C .	
4. TOTAL Total support for the year should be equal to the estimated Cost of Attendance. If it is lower, please include a letter of explanation. For example, you may request to be considered for institutional need-based aid (limited amounts available) and/or you are expecting a scholarship from another source (athletics, etc.).	

Section B

To be completed by a bank official if some or all of your funds will come from your or your parents' savings/investments.

Please also attach a signed statement or letter from the bank to verify the funding

*I certify that I have read the saving/investment information in **Section A.1** and that the funds are available as indicated.*

Name of Bank	Bank Official's Name and Title
Address of Bank	Bank Official's Signature and Date

Section C

To be completed by sponsor, private organization, and/or government if some or all of your funds will come from these sources.

If pertinent, please also attach a bank statement and/or income statement from the sponsor to verify the funding.

*I certify that I have read the sponsor, private organization and/or government information in **Section A.3** and that the funds will be provided as indicated.*

Name of Sponsor, Private Organization, Government	Sponsor, Private Organization, Government Official's Name and Title
Address	Sponsor, Private Organization, Government Official's Signature and Date

Section D

What is the current exchange rate of your country's currency to the U.S. dollar? _____

Does your government impose restrictions on exchange and release of funds for study in the U.S.? Yes No

If yes, please explain. _____

Do you have funds, beyond those listed in Section A, to be used for travel to and from the U.S. and for emergencies? Yes No

If yes, list amount in U.S. dollars \$_____ (Students should be prepared to finance their travel expenses.)

Will you be covered by a health insurance plan during your study in the U.S.? Yes No

NOTE: International students are required to show proof of insurance or purchase school-sponsored health insurance each year.

Do you plan to remain in the U.S. during the summer? Yes No

Section E

We certify that the information on this form is true and complete. The funds are available and will be provided to support the cost of a Holy Cross College education. We understand that any misrepresentation may be cause for refusing or revoking admission. We understand our obligation to meet, on an annual basis, the family responsibility as a condition of continued enrollment at Holy Cross College and to satisfy the U.S. Immigration and Naturalization Service's regulations required to maintain an officially authorized U.S. Student Visa status. *Both the student and the parent must sign below.*

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

**Scan and send this document with supporting statements/letters
to the Office of Admissions: admissions@hcc-nd.edu**