

Please submit this form through your <u>Lehigh Applicant Portal</u>: see the Admissions Checklist. If you haven't done so, you must create an Applicant Portal by going to <u>www.lehigh.edu/openapplicantportal</u> as soon as possible. This URL is **only used to create** your account. For subsequent logins, please visit www.lehigh.edu/applicantportal.

If you have questions, please email: <u>LUinternational@lehigh.edu</u>

## **International Undergraduate Financial Certification Form**

If you will need financial aid during any of your intended years of undergraduate enrollment at Lehigh, this form is to be completed and submitted along with your other admissions-related application materials. Your application for admission will not be considered complete until this financial certification form is received.

Name (as spelled on your passport):				
Full Last/Family name	Full First/Given Na	me Full	Middle Name	
Date of Birth:/ (Month/Day/Year)				
Country of Birth: Countries of	Citizenship:			
Permanent Address:				
How many years do you intend to enroll at Lehigh as an under	graduate student?			
You are required to certify the amount of funds that you will hindicated above at the time of your application. If your enroll then we are unable to provide need-based financial aid for the costs for all years indicated, you must also submit the CSS Proaid. The projected cost of attendance for the 2024-2025 awa not be additional funding awarded beyond the initial financial attendance. We are unable to provide additional financial aid currency during your enrollment at Lehigh.	ment ends up exceedin ose years. If your family file so that we can dete rd year is \$87,000. Ple aid offer outside of ad	g the number of does not have t rmine your eligib ase note that if a ustments made	years indicated or he ability to pay the bility for need-based admitted to Lehigh based on increase	n this form, he annual sed financial n, there will es in cost of
currency during your emoniment at terrigit.		Projected Support*		
		(Amounts in U.S. Dollars)		
Source of Funds	2024-2025 \$	2025-2026	2026-2027	2027-20
Self-Support Parents or Individual Sponsors	\$	\$	\$	\$
Your sponsor must sign the certification portion below	\$	\$	\$	\$
Your Government Attach an official notification of your award	\$	\$	\$	\$
Other (Specify)	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$
*A bank statement showing the above "Projected Support" fo secure an I-20.  APPLICANT'S CERTIFICATION I certify that I have read the information above, that is true an	·			in order to
Signature of Applicant:	Date:	//	(Month/Da	y/Year)
Official Certification by I guarantee that I will provide to the above named applicant the study at Lehigh University.	by family or Individual she amount indicated or		t, for purposes of	full-time
Sponsor's Signature:	Date: _	//	(Month/Day	/Year)
Sponsor's Name (please print):	Relationship to	Applicant:		_