

WALLA WALLA COMMUNITY COLLEGE

Declaration and Certification of Finances

A Certificate of Eligibility (Form I-20) will not be authorized until this form is completed and returned to this institution.

Return to : Sally Wagoner
Director of Admissions
Walla Walla Community College
500 Tausick Way
Walla Walla, WA 99362

ESTIMATE OF INSTITUTIONAL COSTS - 9 MONTH ACADEMIC YEAR

Tuition and Fees.....	\$ 7,800.00
Room and Board.....	4,500.00
Books and Miscellaneous.....	<u>1,000.00</u>
Expense	
TOTAL.....	\$13,300.00
Summer Living Expenses.....	2,500.00
GRAND TOTAL.....	\$15,800.00

NAME: (Underline your family name)

HOME ADDRESS (Number and street)

CITY _____ COUNTRY

LIST THE APPROXIMATE DATE YOU INTEND TO ENROLL:

LIST THE PROGRAM OF STUDY YOU WILL PURSUE:

LIST THE HIGHEST DEGREE THAT YOU WILL PURSUE:

LIST YOUR COUNTRY OF BIRTH:

LIST YOUR COUNTRY OF CITIZENSHIP:

Does your government impose restrictions on the exchange and release of funds for study in the U.S.? _____ yes _____ no

If so, describe the restrictions:

I, _____
(your name) certify that the total amount of money (exclusive of travel) available to me for my first academic year is: \$ _____
(U.S. Funds) and that the total estimated amount available for each subsequent year of study is: \$ _____
(U.S. Funds).

IF THE AMOUNT AVAILABLE FOR THE FIRST YEAR IS LESS THAN THE MINIMUM REQUIREMENT STATE ON PAGE ONE OF THIS FORM, EXPLAIN ON A SEPARATE SHEET OF PAPER PRECISELY HOW YOU PLAN TO FINANCE YOUR FIRST YEAR OF STUDY.

SOURCES OF FUNDS	FIRST YEAR (Assured Amounts)	SECOND YEAR
PERSONAL SAVINGS - Please print name of bank <small>(Banker's signature required on back)</small>		
FAMILY and/or FRIENDS - Please print name(s) of family/friends <small>(Signature of sponsor(s) required on back.)</small>		
YOUR GOVERNMENT - Please print name of agency <small>(Enclose with this form a signed copy of your letter of award.)</small>		
OTHER - Please specify <small>(Please attach signed affidavit.)</small>		
TOTAL	\$	\$

Enter the amount of money you expect to have when you arrive at this institution: \$ _____.

OFFICIAL VERIFICATION OF SOURCES OF FUNDS AND AMOUNTS

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available.

BANK

OFFICIAL'S

SIGNATURE

Title or Position: _____ Date:

Address:

This is to certify that I have read the information furnished by the applicant on this form, that is a true and accurate statement, and that the funds are available and will be provided as indicated.

SPONSOR'S SIGNATURE:

Address:

Relationship to Applicant: _____ Date:

I certify that the above information provided is a true, and accurate statement and that the funds are available.

STUDENT'S SIGNATURE:

COMMENTS:

TO BE COMPLETED BY THE INSTITUTION THAT SENT THIS FORM:

This is to certify that I have reviewed the certificate and attached documents, if appropriate, and approve the issuance of a Certificate of Eligibility.

COLLEGE OFFICIAL'S SIGNATURE

Title: _____ Date:

a:/ or b:/document/finance