



Walla Walla Community College

International Admissions

500 Tausick Way
 Walla Walla, WA 99362-9267
 (509) 522-4282
 FAX (509) 527-3661
international@wwcc.edu

International Education Financial Responsibility Verification

All international students are required by the U.S. Department of Homeland Security (DHS) to prove that they have adequate funds to pay for educational and living expenses during their stay in the U.S. In addition to completing the information requested in this form, please provide an *original official bank statement* that is no more than 6 months old, showing that funds are available in U.S. dollars.

ESTIMATE OF INSTITUTIONAL COSTS - PER ACADEMIC YEAR

| | |
|---|------------------------|
| Tuition and Fees | \$10,350.00 |
| Room and Board | 8,100.00 |
| Insurance | 1,500.00 |
| Books and Miscellaneous Expenses | <u>2,000.00</u> |
| TOTAL | \$21,950.00 |

Personal Information:

| | | |
|-----------------------------|------------------|--|
| Family Name (from passport) | First Name | Middle Name |
| Date of Birth (MM/DD/YYYY) | Country of Birth | How long do you plan to study at WWCC? |

Official Certification of Sources of Funds and Amounts (Please use U.S. Dollars):

| Student's Sources of Funds | Assured Support | Signature of Bank Official |
|---|--|--|
| <p>Personal or Family Savings Name of Bank* _____</p> <p>*A bank official's signature is required on the certification if the student is partially or totally supported by personal savings and/or parents' savings.</p> <p>Bank Seal (required)</p> | <p>FIRST YEAR FUNDS (U.S. \$)</p> | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Title _____</p> <p>Address of Bank _____ _____ _____</p> <p>Date: _____</p> |

| | | |
|--|---|--|
| Parents Name _____ Name _____ | FIRST YEAR FUNDS (U.S. \$) | Parent's Signature (required) _____ Date _____ |
| Sponsors (other than parents, if any) Name _____ Name _____ Relationship to applicant _____ | | Signature of sponsor outside U.S. _____ Address (number & street) _____ City _____ State/Province _____ Country _____ Postal code _____ |
| Your Government Name of Agency _____ Enclose with this form a signed copy of your official letter of award. (Date of letter must not be over 1 year old) | | Signature of sponsor in U.S. _____ Name of sponsor in U.S. _____ Address (number & street) _____ City, State _____ Zip Code _____ |
| Other (please specify) Name _____ Name _____ | | What is the total amount of money you expect to have when you arrive at this institution? U.S. \$ _____ Do you plan to remain in the U.S. during the summer? <input type="radio"/> Yes <input type="radio"/> No |
| Total amount needs to equal estimated expenses | | |
| What is the present exchange rate of your country's currency to the U.S. dollar? _____ = \$1.00 | Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? <input type="radio"/> Yes <input type="radio"/> No If yes, describe restrictions on another piece of paper | Do you plan to attend summer classes? <input type="radio"/> Yes <input type="radio"/> No Do you plan to bring dependents with you? <input type="radio"/> Yes <input type="radio"/> No Name of Dependent/Relationship to You _____/_____ _____/_____ _____/_____ |

A CERTIFICATE OF ELIGIBILITY (I-20) will not be authorized until this affidavit is completed and returned to the International Admissions Office, Walla Walla Community College. By signing this affidavit, I certify that the information is true, correct, and complete, and that I have adequate funds to complete my full course of study at this institution. I understand that any misrepresentation may be cause for refusing/revoking admission.

Student Signature: _____ **Date:** _____