

## INTERNATIONAL UNDERGRADUATE STUDENT **DECLARATION AND CERTIFICATION OF FINANCIAL SUPPORT**

INTERNATIONAL ADMISSIONS

U.S. Immigration Law requires you to certify that you have sufficient funds available for your academic and living expenses.

8 Abbott Park Place Providence, RI 02903 USA Charlotte, NC 28202 USA Phone: +1 401 598 1000 Fax: +1-401-598 2948

801 West Trade Street Phone: +1 980 598 1100 Fax: +1 980 598 1111

August 2024 - May 2025 Semester Starts

TO	BE	COMPL	ETED	BY A	PPLIC	CANT
----	----	-------	------	------	-------	------

Last Name (Family Name)	First Name (Given Name)		
Date of Birth (MM/DD/YY) / /	Gender □ Male □ Female □ Non-Binary		
I-20 Mailing Address	Phone Number + ( )		
	Email Address		
	Major		
certificates and/or marriage certificates). An additional \$4,000 U.issue an F2 dependent I-20(s). Documents should be uploaded via https://www.jwu.edu/admissions/submit-admissions-forms.htm  TO BE COMPLETED BY SPONSOR  All international students must have their sponsor, or themsel	s: dependent's passport(s) and a copy of proof of dependency (such as birth S. dollars per dependent must be present in your bank statement in order to the secure link:		
living expenses per academic year. Bank statements may be ve			
If you are entering a JWU undergraduate program during August Providence \$68,000; Charlotte \$64,000; Special Program: ESL C	t 2024 through May 2025, the total amount listed in U.S. dollars must be:		
Last Name (Family Name)	SOURCE OF FUNDS AMOUNT (US \$)		
First Name (Given Name)  Date of Birth (MM/DD/YY) / /	Personal Savings: Please submit a Bank Statement verifying the amount available and complete the Sponsor Section\$		
Gender	Family Funds: Please submit a Bank Statement verifying the amount available and complete the Sponsor Section\$		
Mailing Address	Government Sponsor: Please submit an official letter indicating the amount and availability of funds\$		
Phone Number + ( )	Business/Organization Scholarship: Please submit an official letter indicating the amount and availability of funds\$		
Email Address  Relationship to Applicant	Other (Specify): Please submit an official letter indicating		
U.S. dollars available for support: \$	the amount and availability of funds\$		
I agree to accept full responsibility for the expenses of the above	-mentioned applicant during their studies at Johnson & Wales University.		
Signature of Applicant	Date		
Signature of Sponsor	Date		