Frank Phillips College International Applicant
Financial Statement Form

U.S. immigration laws require that all international applicants verify financial support. International students must show adequate financial resources to provide for educational and living expenses while studying in the United States. Frank Phillips College does not have scholarships available for international students aside from those awarded for athletics.

This form must be completed before a Form I-20 will be issued.

1. Applicant Name: _____
Family Name (Surname) Given Name(s)

2. Applicant Date of Birth: Month _____ Date _____ Year _____

SPONSOR INFORMATION (To Be Filled Out By Sponsor)

I, _____, make oath and state as follows:
(Name of Sponsor)

a. I am the _____of Mr./Mrs./Ms. _____
(Relationship) (Name of Student)
who has applied for admission to Frank Phillips College.

b. I will meet all educational, living, and miscellaneous expenses of the above-named applicant.

c. I am currently employed by _____, and my annual

income is equivalent to U.S. $_____.

d. I have attached an **original** bank letter (not more than two months old) confirming a minimum CURRENT BALANCE of **$12,694 U.S. dollars** as an estimate of pre-arrival expenses and the first year of attendance.

e. Associate degree programs at Frank Phillips College generally take two years to complete. Please plan to provide adequate funding for at least two years of enrollment.

f. Frank Phillips College requires that international applicants deposit the full amount of the estimated average cost of attendance one month prior to the first class day of each school year. The current estimated average cost of attendance for one year is $10,694. This amount does not include money for the student's personal expenses. Any athletic scholarship awarded may be subtracted from this amount for financial planning purposes.

OATH OF SPONSOR

By my signature below, I affirm that the above statements are true and correct.

Sponsor's Printed Name: _____Signature_____

Home Address: _____

City: _____State/Province: _____

Postal Code: _____Country: _____

Telephone Number: _____

Email: _____

*This form must be fully completed.