

**VERIFICATION OF FINANCIAL SUPPORT**

You are required by United States immigration regulations to verify that you will have sufficient funds available to pay your educational, living, and other expenses while you are studying at Western Texas College.

The estimated cost for the 2020-2021 academic year is US \$15,550.00. The estimate includes tuition, fees, books, and insurance for one academic year of study (nine months) and living expenses for one year. An additional US \$2,900.00 is required if you plan to study at Western Texas College during the summer.

If you plan to bring dependents (spouse and/or children) with you, you must verify that you have an additional US \$5,000.00 available for the support of each of such dependents.

International students at Western Texas College are required to have medical insurance coverage for the duration of their study. It is recommended that all dependents have medical insurance coverage also.

Financial Breakdown for International Students:	
Tuition/Fees	\$5,160
Living expenses	\$7,390
Books, med.ins.	<u>\$3,000</u>
Total	\$15,550

Financial Breakdown for Intl. Students with Competitive Waiver: <i>*Applies to those receiving minimum scholarship of \$1,000</i>	
Tuition/Fees	\$4,200
Living expenses	\$7,390
Books, med.ins.	<u>\$3,000</u>
Total	\$14,590

**APPLICANT INFORMATION**

Name as printed in your passport: \_\_\_\_\_  
(family name) (first name) (middle name)

City and country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: Single \_\_\_\_ Married \_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_  
Month Day Year

Please provide the following information for each dependent who will live with you in the United States:

Full Name (FAMILY NAME, First name)	Relationship to Student	Date of Birth (month/day/year)	Place of Birth
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT'S STATEMENT**

My signature affirms that:

- I understand the financial support requirements and confirm that all information on this form is true and correct and that the attached supporting financial documents are true and correct.
- My sponsor or I will make arrangements to have necessary funds transferred to the United States when needed.
- I understand I am obligated to pay any portion of my bill not covered by scholarship and that failure to do so will cause me to be dropped from courses and therefore be out of status with my student visa.
- I understand I am required to have medical insurance coverage for the duration of my time at Western Texas College and understand that insurance is not included in any scholarship offer from WTC.
- I understand that I will not be allowed to enroll in classes without insurance coverage on file.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOURCES OF FINANCIAL SUPPORT**

In the section below please indicate every source from which you will receive financial support and the amount you will receive. Supporting documents must be no more than six months old and must be attached for each source you have indicated on this form, as follows:

- **Applicant's personal funds:** Copy of official bank statement for checking or savings accounts, certificates of deposit, or other accessible funds, such as stocks, bonds, or mutual funds.
- **Family funds:** Completed Sponsor's Statement (below) *and* copy of bank statement for checking or savings accounts, certificates of deposit, or other accessible funds, such as stocks, bonds, or mutual funds.
- **Government sponsor:** Official letter of sponsorship.
- **Western Texas College scholarship:** Copy of offer/award letter from department.
- **Other:** Cash deposited with Western Texas College; or if other sponsor, Sponsor Statement and bank statement for checking or savings accounts, certificates of deposit, or other accessible funds, such as stocks, bonds, or mutual funds.

Statements from a bank, government, or other sponsor must be on official letterhead and must be signed by an official representative.

**COMPLETION OF THIS SECTION IS REQUIRED:**

_____ <b>Personal Funds</b> (bank statement must be attached)	\$ _____
_____ <b>Family Funds</b> (sponsor's statement and bank statement must be attached)	\$ _____
_____ <b>Government sponsor</b> (sponsorship letter must be attached)	\$ _____
_____ <b>Other source</b> (description _____)	\$ _____
_____ <b>Western Texas College Scholarship</b> (attach a copy of award letter from department)	\$ _____
<b>TOTAL funds available per academic year</b>	<b>\$ _____</b>

(\*Total funds must equal at least USD \$15,550 or \$14,590 for those receiving WTC Scholarship.)

**SPONSOR'S STATEMENT**

My signature as sponsor affirms that:

1. I am the financial guarantor for \_\_\_\_\_ (applicant's name).
2. I have read the information given by the applicant, and it is true and correct.
3. I will make available to \_\_\_\_\_ (applicant's name) the amount stated above during each academic year he/she attends Western Texas College.
4. I am capable of providing such support, and the required funds will be available when needed.
5. I have provided a statement from my bank to verify my capability to provide the stated funds.

Sponsor's Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_