

CERTIFICATIONOFFINANCES

Please note: In order for your application to be considered complete, the Department of Homeland Security of the United States government requires the College to verify the financial resources of all international applicants. I-20 Forms cannot be issued until this form is completed and we have received all supporting bank documents (unless your bank has certified this form).

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. THIS FORM IS AN ESSENTIAL PART OF YOUR STUDENT VISA PROCESS.

WC traditionally awards merit-based scholarships to a limited number of international applicants, and the scholarship letter can be included as a part of the overall funding amount. Students can also use loans, grants, scholarships from their home countries in order to demonstrate available funding.

The I-20 form, which indicates eligibility for a student visa, CANNOT BE ISSUED until an accepted student has submitted confirmation of attendance and the required deposit. This form will be used to enter the student's information into the US Immigration and Customs Enforcement (ICE) SEVIS system. Please print clearly in block letters or type your responses. The Certification of Finances and supporting bank statements, letters of certification of funds must:

- Demonstrate the availability of \$77,070.00* (based on the 2024-25 academic year);
- · Contain original signatures and a bank stamp or seal;
- Bank documents must be issued 6 months or less from the date we receive;
- Express all monetary amounts in U.S. dollars.

*This is an estimated cost. For current tuition and fee information and any questions regarding this form, contact the Office of Admission at wc_admissions@washcoll.edu

PART I - APPLICANT INFORMATION							
Full Name	Email						
(as it appears on your passport)							
Complete Residential Address							
Number & Stre	et (Do not use P.O. box)	. box) City or Town					
State & Po	stal Code	Country					
Please note that according to current ICE re Additionally, courier services will not deliver Home Telephone ()		ess in their country of residence. Addresses may not be postal boxes					
Country code/City code							
Date of Birth / /	Place of Birth	Citizenship					
Month Day Yea	r City/Country	Country					
Country issuing your passport	Passport number	Expiration Date					
Person in the United States to notify in emergency:	case of	()					
	Name	Area code/Phone number					
If you are currently in the United States:							
	Visa type	I-94 number SEVIS ID number					

			Name	Phone Number	
Signature of Parent if student is unde	or 18 v/o				
certify that all statements made of information above changes, it is my	n this form are true				umstances or the
Signature of Student				Date (month/day/year)	
ESTIMATE OF ANNUAL EXPE	ENSES (2024-25)	ACADEMIC	YEAR		
Tuition and Fees	(,		\$55,326.00		
Standard Housing and Meal Plan			\$18,250.00		
Mandatory Health Insurance			\$ 3,494.00		
OTAL FOR 2024-25 SCHOOL YEA	R		\$77,070.00		
PART I I — STUDENT'S SOUR	CE OF FUNDS (P				0.0
		a	ssured for first year	projected	for future years
Personal funds					
Parent, Guardian, or Family Funds	3				
Private Sponsor					
Organization or Governmental Spo	onsor				
	R CERTIFICATION	ON			
PART III — PARENT / SPONSO			Relationsh	nip to Applicant	
Name		_		·	
Name Please Print or Type First	Middle	Last			
J 1	Middle	Last			
Name Please Print or Type First Address Number & Street I hereby certify that I have read the able to provide the above named s	Cit e information on tl tudent the amount	y or Town his form as pro	State & Postal Code		
Name Please Print or Type First Address Number & Street I hereby certify that I have read the	Cit e information on tl tudent the amount	y or Town his form as pro	State & Postal Code	nd I am willing and	

Month / Day/ Year

PART IV — BANK CERTIFICA	ATION					
I certify that the person listed on knowledge, has the resources to to meet educational expenses at my part or that of the firm or bar	provide the funds spe Washington College.	ecified in this form. The	ese funds are available for tr	ansfer to the United Stat	tes to be used	
Name			Title			
Please Print or Type First	Middle	Last				
Signature			Date			
			Мо	Month / Day/ Year		
Bank or Institution Address						
Nun	nber & Street	City or Town	State & Postal Code	Country		
Place official bank stamp or seal	here					

*If a student has multiple sources of sponsorship, this section should be copied and completed by each sponsor.