

CONFIDENTIAL FINANCIAL STATEMENT

Estimated Expenses: Current estimated expenses* for one academic year (two semesters)

12 credit hours per semester for a total of 24 credit hours:

Tuition (two semesters)	\$ 8256
Books & lab fees (two semesters)	\$ 1240
Living expenses (one year)	\$ 6338
Insurance (one year)	\$ 803
Total	\$ 16,637

Student must have sufficient funds upon arrival to pay for their tuition in full and 3 months advance rent*. For each subsequent term students must have sufficient funds to pay for their tuition in full at the time of registration. The college does not offer any financial aid to International Students. **If the student has a host family or relative to live with, the total will be reduced by approximately \$5996.00.**

*These figures are subject to change at any time. Estimated expenses are based on the assumption that a student has no dependents and does not own an automobile. It is estimated that an automobile will add \$3000, and accompanying spouse \$5000, and each accompanying child \$2000 to the above total. At College Square, you will pay three month's rent: 1st month, last month, and a security deposit equal to the monthly rental charge. College Square does not accept credit cards.

THE FOLLOWING TWO SECTIONS MUST BE COMPLETED

1. EVIDENCE OF FINANCIAL SUPPORT:

This is to certify that I accept full responsibility for all expenses listed above for _____
(student's name)

Parent's or Sponsor's name (please print)

Relationship of Sponsor to Student

Parent's or Sponsor's signature _____ Date

Address *

(Please complete address – this is very important and required for the I-20)

* If financial support is provided by a government or any other agency, please include an official letter from sponsoring agency.

2. CERTIFICATION FROM SPONSOR'S FINANCIAL INSTITUTION:

This is to inform you that _____, who is paying the
(parent or sponsor)
expenses of or sponsoring _____ at your college has an
(student's name)
account at this institution and has sufficient funds to meet all of his/her estimated expenses as listed above.

NAME AND ADDRESS OF INSTITUTION _____
(print)

NAME AND TITLE OF OFFICIAL _____
(print)

SIGNATURE OF OFFICIAL _____ **DATE** _____

This information is furnished to you in strict confidence, at our customer's request, for your use only, without any obligation or responsibility on the part of this institution or any of its officials.