

INTERNATIONAL GRADUATE STUDENT DECLARATION AND CERTIFICATION OF FINANCIAL SUPPORT



JOHNSON & WALES
UNIVERSITY

Johnson & Wales University, International Admissions , 8 Abbott Park Place, Providence, RI 02903 USA Phone (401) 598-1015 Fax (401) 598-4787

TO BE COMPLETED BY APPLICANT

Social Security Number (Student ID Number) _____ - _____ - _____

Date of Birth _____ / _____ / _____

Sex Male Female

Last Name FAMILY NAME _____

First Name GIVEN NAME _____

Permanent Address _____

Mailing Address _____

Phone (____) (____) _____
COUNTRY CODE CITY CODE NUMBER

Fax (____) (____) _____
COUNTRY CODE CITY CODE NUMBER

Major _____

Email Address _____

TO BE COMPLETED BY SPONSOR

Date of Birth _____ / _____ / _____

Sex Male Female

Last Name _____

First Name _____

Mailing Address _____

Phone (____) (____) _____
COUNTRY CODE CITY CODE NUMBER

Email Address _____

Relationship to Applicant _____

U.S. Dollars Available for Support _____

I agree to accept full responsibility for the expenses of the above mentioned applicant during his/her studies at Johnson & Wales University.

This document must be accompanied by an **Original Bank Statement** verifying financial support for one academic year.

SOURCE OF FUNDS

AMOUNT
IN U.S. DOLLARS

Personal Savings

Please submit a Bank Statement verifying the amount available.
Complete Sponsor Section

Family Funds

Please submit a Bank Statement verifying the amount available.
Complete Sponsor Section

Government Sponsor

Please submit official letter indicating amount and availability of funds.

Business/Organization Scholarship

Please submit official letter indicating amount and availability of funds.

Other (Specify) _____

Please submit official letter indicating amount and availability of funds.

Signature of Applicant _____ Date _____

Signature of Sponsor _____ Date _____