



INTERNATIONAL
ADMISSIONS

8 Abbott Park Place
Providence, RI 02903 USA
Phone: +1-401-598-1015
Fax: +1-401-598-2948

1701 NE 127th Street
North Miami, FL 33181 USA
Phone: +1-305-892-7000
Fax: +1-305-892-7020

September 2018 - June 2019 Semester Starts

▶ TO BE COMPLETED BY APPLICANT

U.S. Immigration Law requires you to certify that you have sufficient funds available for your academic and living expenses.

Last Name (Family Name) _____		First Name (Given Name) _____	
Date of Birth (MM/DD/YY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
I-20 Mailing Address _____		Phone Number + () _____	
Email Address _____			
Major _____			

▶ TO BE COMPLETED BY SPONSOR

All international students must have their sponsor complete this section. This document must be accompanied by a **Bank Statement** showing an equivalent amount of funds as stated in U.S. dollars sufficient to cover tuition and living expenses per academic year. Bank statements may be verified.

If you are entering JWU Fall 2018 through Summer 2019, the total amount listed in U.S. dollars must be:

- \$33,000 USD for Providence Campus • \$30,000 USD for North Miami Campus

Last Name (Family Name) _____	
First Name (Given Name) _____	
Date of Birth (MM/DD/YY) / /	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address _____	
Phone Number + () _____	
Email Address _____	
Relationship to Applicant _____	
U.S. dollars available for support: \$ _____	

SOURCE OF FUNDS	AMOUNT (USD)
Personal Savings: Please submit a Bank Statement verifying the amount available and complete the Sponsor Section.	\$
Family Funds: Please submit a Bank Statement verifying the amount available and complete the 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.	\$

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

Signature of Applicant _____ Date _____

Signature of Sponsor _____ Date _____