



INTERNATIONAL  
ADMISSIONS

8 Abbott Park Place  
Providence, RI 02903 USA  
Phone: +1-401-598-2310  
Fax: +1-401-598-2948

1701 NE 127th Street  
North Miami, FL 33181 USA  
Phone: +1-305-892-7600  
Fax: +1-305-892-7020

7150 Montview Boulevard  
Denver, CO 80220 USA  
Phone: +1-303-256-9311  
Fax: +1-303-256-9333

801 West Trade Street  
Charlotte, NC 28202 USA  
Phone: +1-980-598-1100  
Fax: +1-980-598-1111

September 2018 - June 2019 Term 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:**

- \$51,000 USD for Providence, Denver and Charlotte Campuses
- \$48,000 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)
<b>Personal Savings:</b> Please submit a Bank Statement verifying the amount available and complete the Sponsor Section.	\$
<b>Family Funds:</b> Please submit a Bank Statement verifying the amount available and complete the Sponsor Section.	\$
<b>Government Sponsor:</b> Please submit official letter indicating amount and availability of funds.	\$
<b>Business/Organization Scholarship:</b> Please submit official letter indicating amount and availability of funds.	\$
<b>Other (Specify):</b> _____ 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 \_\_\_\_\_