



# Financial Verification Form 2019-2020

Email to: [international@wwcc.edu](mailto:international@wwcc.edu)

Walla Walla Community College requires that all F-1 visa applicants provide proof of finances (money) through any combination of personal or sponsored funding. The amount of money to be shown is the estimated total of tuition and other expenses for one (1) year of academic study at Walla Walla Community College (WWCC). **Please be aware that tuition and fees are adjusted each academic year.**

- **If you provide finances from personal or family funds**, a bank letter with sufficient funding is required. The bank letter must be in English and clearly detail the account owner and available funds.
- **If an employer, government, or organization will provide funding**, a signed financial guarantee letter from the sponsor detailing amounts and length of sponsorship is required. This **Certificate of Finances** form can accompany the guarantee letter from the sponsor, but not replace it.

All personal bank and sponsor letters must be dated within six (6) months of the date of confirmation.

You are responsible for all payments, even if you are sponsored by your family, government, or other agency. Please review the estimated expenses below:

### Financial Estimate-Per Academic Year Fall/Spring 2019-2020

Tuition & Fees.....	\$10,550*	
Living Expenses.....	\$8,100	
Medical Insurance .....	\$1,500	
Books & Supplies.....	\$2,000*	
<b>Total</b>	<b>\$22,150</b>	*amount varies by program

Please PRINT, in black or blue ink, the name(s) who will be paying the above expenses. **Note:** The name or agency listed below must match the name on the certified bank or sponsor letter. **Enter all amounts in U.S. dollars only.** Use an additional sheet of paper for explanations if necessary.

**Personal Finances:** U.S. \$ \_\_\_\_\_

**Parent/Family Finances:** U.S. \$ \_\_\_\_\_

Name(s): \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_

**Government or Sponsoring Agency:** U.S. \$ \_\_\_\_\_

Name of Agency \_\_\_\_\_

Enclose with this form a signed, dated official letter of guarantee or award

**Other:** \_\_\_\_\_ U.S. \$ \_\_\_\_\_

Student Name: \_\_\_\_\_

Quarter Applied for: \_\_\_\_\_

**Student signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_