FINANCIAL STATEMENT FORM



Global Learning, 2008 Iowa Hall 6301 Kirkwood Blvd. SW, Cedar Rapids, IA 52404

Phone: 319-398-5579 | Fax: 319-398-1255 | international@kirkwood.edu

This form is required for admission of F-1 students to Kirkwood Community College. A certificate of eligibility (Form I-20) will be issued to an F-1 student with an approved Financial Statement and approved admission documents. Please complete all sections A-E.

Tuition and fees (2 Semesters) at 12 credit hours	\$ 9,700.00
Books and Supplies	\$ 1,000.00
Housing and Food	\$ 9,600.00
Personal	\$ 1,600.00
Transportation	\$ 900.00
Student Health Insurance (1-year)	\$ 1,450.00
Total	. \$24,250.00

International student tuition is \$400 per credit hour. Please note the estimated cost for attending Kirkwood Community College for one academic year is \$24,250 per academic year.

A DEDOGNAL INFORMATION		
A. PERSONAL INFORMATION		
First Name:		
Middle Name:		
Family Name:		
Home Country Residential Street Address:		
City:		
State/Province:		
ZIP:		
Country:		
Phone (Please include country code):		
Email:		
Will your spouse or child accompany you to the U.S.?	Yes	No
If yes, list here who will travel with you to the U.S.		
1. First, Middle, and Family Name:		
Date of Birth (mm/dd/yyyy):	Spouse	Gender
Spouse Email Address:		
2. First, Middle, and Family Name:		
Date of Birth (mm/dd/yyyy):	Child	Gender
3. First, Middle, and Family Name:		
Date of Birth (mm/dd/yyyy):	Child	Gender
4. First, Middle, and Family Name:		
Date of Birth (mm/dd/yyyy):	Child	Gender

B. SUPPORT INFORMATION

Please indicate the source of your funds on the chart below. Each sponsor must sign section C or attach a signed letter.

SOURCE OF FUNDS		MOUNT IN U.S. DOLLARS
Personal Savings (please print name of bank):	First Year	Second Year
	\$	\$
Family and/or Friends (please print name of each person):		
	\$	\$
	\$	\$
	\$	\$
Value Covernment (along a print name of adaptive and analogy with this form a pid	and	
Your Government (please print name of agency and enclose with this form a sign copy of your letter of Award, if applicable.) OR other (please specify):	ieu	
	ф	\$
	\$	
	\$	\$
	\$	\$
Total: (Should equal the estimated costs for one year.)	\$	\$
C. SPONSOR INFORMATION Each sponsor must sign this section OR attach a signed letter the This is to certify that I have read the information furnished by the that the funds are available and will be provided as indicated.		
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I certify that the information provided is true, correct and complete.

Student Signature: Date: