

FINANCIAL SUPPORT VERIFICATION FORM

INTERNATIONAL STUDENT

SECTION 1 - STATEMENT OF APPLICATION

Student Name (please print) _____

The United States Government requires confirmation of financial resources from all applicants for a F-1 (Student) visa.

ESTIMATED WARNER PACIFIC COLLEGE EXPENSES One 9-month academic year

Tuition and fees	\$22,710 .00
Room and board	\$8,900 .00
Books and supplies	\$1,006.00
Personal expenses	\$1,430.00
Transportation	\$900.00
Health insurance	\$900.00
Estimated Total	\$35,846.00

Total available financial resources must match or exceed \$35,846

NOTE: *The estimated totals do not include any expenses during holiday breaks or summer, including room, board, and travel. Estimated totals are subject to change due to annual rate increases.*

** An additional \$250 annual fee will be applied to all student athlete accounts.*

- Adequate funds are provided for me for each 12 month year I am enrolled at Warner Pacific College. Yes No
- I have adequate funds for my travel to and from the U.S. Yes No
- I have adequate funds to support all dependents who accompany me. Yes No
- All information listed in the Source of Support section, is true and accurate according to my knowledge. Yes No

I, _____, certify that the answers to the questions are true and correct to the best of my knowledge.

Signature of Applicant

Date

Sworn to and Subscribed before me this day of _____

Notary Public Name

Notary Public Address

Notary Seal Required

2219 SE 68th Avenue . Portland, OR 97215

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 🌐 warnerpacific.edu



WARNER PACIFIC COLLEGE
OFFICE OF ENROLLMENT

SECTION 2 - SUPPORT SOURCES

	AMOUNT U.S. FUNDS	PER YEAR	1 ST YEAR ONLY
Applicant's Personal Funds:		<input type="checkbox"/>	<input type="checkbox"/>
Family/Personal Sponsors:			
1 Name		<input type="checkbox"/>	<input type="checkbox"/>
Address			
City	State	Zip	
Phone			
Email			
Relationship to Applicant			
2 Name		<input type="checkbox"/>	<input type="checkbox"/>
Address			
City	State	Zip	
Phone			
Email			
Relationship to Applicant			
3 Name		<input type="checkbox"/>	<input type="checkbox"/>
Address			
City	State	Zip	
Phone			
Email			
Relationship to Applicant			
Church Sponsors:			
1 Name		<input type="checkbox"/>	<input type="checkbox"/>
Address			
City	State	Zip	
2 Name		<input type="checkbox"/>	<input type="checkbox"/>
Address			
City	State	Zip	
Other: (scholarships, grants, etc.)			
1 Name		<input type="checkbox"/>	<input type="checkbox"/>
2 Name		<input type="checkbox"/>	<input type="checkbox"/>
3 Name		<input type="checkbox"/>	<input type="checkbox"/>
TOTAL FUNDS - FIRST YEAR			