



**FINANCIAL STATEMENT FOR  
For International Students**

NorthWest Arkansas Community College  
Department of Student Services  
International Admissions  
One College Drive  
Bentonville, AR 72712 USA  
(479) 619-4234

**A Form I-20 cannot be issued to you until you have been admitted to NorthWest Arkansas Community College and you have fully completed this form and returned it to the Office of International Admissions.**

1. Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)
2. Social Security Number \_\_\_\_\_  
(or I.D. number assigned by NorthWest Arkansas Community College)
3. Address where letters to you should be sent: \_\_\_\_\_  
(Number & Street)  
\_\_\_\_\_  
(City) (State) (Postal Code)
4. When do you plan to enter the College?  August  January  June
5. Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)
6. Intended major field of study: \_\_\_\_\_ Degree sought: \_\_\_\_\_
7. If you are currently in the U.S. on a student (F-1) visa, indicate your Immigration Admissions Number: \_\_\_\_\_  
(Attach a copy of your INITIAL: I-20 for entry into the U.S.)
8. Does your country have currency restrictions that limit the amount of money that may be released to you each year in U.S. dollars?  Yes  No  
If yes, please specify the amount allowed and for what period of time. \_\_\_\_\_
9. What is the current rate of exchange for U.S. dollars in your country? \$ (U.S.) = \_\_\_\_\_
10. How many years are you guaranteed this financial support?  1 year  2 years  3 years  4 years
11. How long do you plan to study at NWACC? \_\_\_\_\_ years
12. Do you have any dependents that will come with you to the U.S.?  Yes  No  
If yes, list name, relationship, date of birth, and birthplace of each. You must show sufficient funds to cover your dependents' living expenses while in the U.S. - approximately \$3,800 for a non-student-spouse and \$2,800 for each child.

**DO NOT FORGET TO COMPLETE INFORMATION ON REVERSE SIDE  
AND SIGN BEFORE RETURNING THIS FORM.**

13. Indicate in U.S. dollars the amount of money that will be available to you annually from the sources specified below, and provide the appropriate supporting documents. You must show a source of full financial support for all years of attendance. Funds for the support of dependents accompanying you to the U.S. must also be included. A Certificate of Eligibility (Form I-20) may only be issued when the student shows satisfactory financial arrangements for meeting the expenses of his/her entire program of study.

Source of Funds	Year 1	Year 2	Year 3	Year 4
<b>Self-Support</b>				
Personal savings (attach a statement of account from bank)	\$ _____	\$ _____	\$ _____	\$ _____
Salary while on leave of absence (attach a statement from employer)	\$ _____	\$ _____	\$ _____	\$ _____
Other Income (attach documentation)	\$ _____	\$ _____	\$ _____	\$ _____
<b>Family/Sponsor Support</b>				
Parents and/or sponsors (Bank official's signature required). Signature of parent or sponsor is required below.	\$ _____	\$ _____	\$ _____	\$ _____
<b>Scholarship Fellowship</b>				
Agency: (Attach a letter from the sponsoring agency giving the details of your award).	\$ _____	\$ _____	\$ _____	\$ _____
<b>Other Support</b>				
Type and Source: (Attach a letter from the person or organization giving the details of their support).	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total:</b> Totals must equal or exceed the university's estimate of expenses for each calendar year you plan to attend.	\$ _____	\$ _____	\$ _____	\$ _____

### Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available. This does not constitute a guarantee on the part of the bank.

Signature of  
Bank Official: \_\_\_\_\_  
(Place stamp of bank over signature)

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement and that the funds are available and will be provided as indicated.

Name of Sponsor: \_\_\_\_\_  
(Please print)

Signature of Sponsor: \_\_\_\_\_  
(Sponsor)

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship of Guarantor to Student: \_\_\_\_\_

Date: \_\_\_\_\_

By signing my name to this form, I certify that the information I have given is a correct statement of my arrangements for financing my studies at NorthWest Arkansas Community College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_