



INTERNATIONAL PROGRAMS

Financial Statement Form

An I-20 Form 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 International Programs Office at InternationalAdmissions@nwacc.edu.

Name: _____
 (Last/Family Name or Surname) (First/Given Name)

Required Funds: All costs are approximate and subject to change each college school year.

Tuition/Fees	\$	6,942.00	← This WILL be charged by NWACC
Health Insurance	\$	1,056.00	← This WILL be charged by NWACC
Textbooks	\$	1,200.00	← This is NOT charged by NWACC
Room/Board	\$	11,205.00	← This is NOT charged by NWACC
Total Annual Cost	\$	20,403.00	

Additional Expenses for Dependents: You must show sufficient funds to cover any dependents' living expenses while in the United States. The yearly addition for a non-student spouse is **\$5,600.00** and **\$3,900** for each child.

- I will **NOT** bring a spouse (husband or wife) nor children to the United States on an F-2 Visa.
 I **WILL** bring a spouse (husband or wife) and/or children to the United States on an F-2 Visa. _____ Number

Please Indicate in U.S. Dollars (USD) the amount of money that will be available to you annually from the sources specified below, and **provide the appropriate supporting documentation(s)**. 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 program of study.

Source of Funds (Average degree takes 2.5 years to obtain at 12 hours per semester)	Year 1	Year 2	Year 3
Self-Support: Personal Savings	\$	\$	\$
Family/Sponsor Support: A Parent and/or Sponsor are Assisting.	\$	\$	\$
Scholarships: Any Scholarships Received	\$	\$	\$
Other Support: Provide Type of Source in Attachment	\$	\$	\$
Total: Total must equal Annual Cost of \$20,403.00 each year	\$	\$	\$

Official Certification of Source of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is true and accurate statement, and that the funds are available and will be provided as indicated. I also understand that this sponsorship is an altruistic act and I do not expect any services/work from the student as a result of payment. I will assist the International Programs Office in maintaining good status with this student.

Name of Sponsor/Family: _____ Relationship to Student: _____

Signature of Guarantor: _____ Country of Residence: _____

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.

Student Signature: _____ Date: _____