

Undergraduate

International Student Grant Application

Be sure to return your completed application **with supporting documentation** (see page three) as soon as possible to qualify for priority consideration of the International Student Grant. Grants are limited and competitive, ranging from 10-60% off the cost of tuition.

**Student Information**:

Name: Last/Family First/Given Middle

Date of Birth: Month/Day/Year

Country of Birth Country (ies) of Citizenship

Mailing Address: Number and Street

City State/Province/Region Postal Code/Zip

Current Telephone Number: (Country Code) City/Area Code Number

Prefer mailing via FedEx or DHL (circle one)

Marital Status: □ Not Married □ Married

If married, how many people are financially dependent on you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information**:

What is your parents’ marital status: □ Married □ Separated/Divorced

□ Other (explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: Mother:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name: Last/Family First Mother’s name: Last/Family First

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Title Occupation/Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Employer

**Family Information:**

How many people are financially dependent on your parent(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information: Please complete in US $**

| **Income** | **Actual 2022** | **Projected 2023** |
| --- | --- | --- |
| Students’ income from work | **$** | **$** |
| Father’s income from work | **$** | **$** |
| Mother’s income from work | **$** | **$** |
| Income from other members of the household | **$** | **$** |
| Other income (list source): | **$** | **$** |
| **Total** | **$** | **$** |

**If your family owns a business, please complete the following:**

Date business commenced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents’ share in business value: US $ \_\_\_\_\_\_\_\_\_\_\_\_

Type of business \_\_\_ \_\_\_\_\_\_ Parents’ share of business debt: US $ \_\_\_\_\_\_\_\_\_\_\_\_

| **Annual Expenses** | **Amount** | **Annual Expenses** | **Amount** |
| --- | --- | --- | --- |
| Rent/Mortgage | **$** | Insurance (health, property) | **$** |
| Utilities (electric, water) | **$** | Taxes | **$** |
| Food | **$** | Loans | **$** |
| Clothing | **$** | Allocated to savings/retirement | **$** |
| Medical | **$** | Education | **$** |

**Estimated Costs:**

The total estimated expense for the 2023-2024 academic year is $54,201. Scholarships, grants and on-campus work opportunities awarded as a result of this application will reduce this amount.

**Tuition** $40,590

**Room and Meals** $12,240

**Activity Fee** $ 400

**Health Insurance** $ 3,000

**Total**  $56,230

**Source of Funds:**

Please indicate the amount of money which will be contributed to your educational expenses from each source that is relevant for you. Please note, there is no need to indicate support in each category on this table. **The required documentation noted on the right must be submitted with this application for each relevant category. All supporting documentation must be presented in English or Spanish.**

***Year 1 should include assured financial support. Years 2-4 may be estimated.***

***U.S. Dollars***

| **Source** | **Year 1 (assured support)** | **Year 2** | **Year 3** | **Year 4** | **Documentation Required** |
| --- | --- | --- | --- | --- | --- |
| **Family Income** | $ | $ | $ | $ | Signed statement from employer(s) |
| **Family Assets (savings, etc)** | $ | $ | $ | $ | Official or certified bank statements |
| **Student Assets** | $ | $ | $ | $ | Official or certified bank statements |
| **Relatives** | $ | $ | $ | $ | Signed letter of support & documentation of funds |
| **Your government** | $ | $ | $ | $ | Official letter |
| **Outside scholarships** | $ | $ | $ | $ | Official letter |
| **Sponsor**  **(non-family)** | $ | $ | $ | $ | Signed letter of support & documentation of funds |
| **Other (explain)** | $ | $ | $ | $ |  |
| **On Campus Employment** | $ | $ | $ | $ |  |
| **Total** | $ | $ | $ | $ |  |

\*Students can earn up to $1,000 per semester on campus.

Use this space to explain any special circumstances not otherwise indicated on this application that the institution should consider when awarding financial aid:

**Certification and Authorization:**

We certify that the information on this form is true, correct and complete. The university is permitted to verify the information on this form by obtaining additional documents as needed.

Student’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_