

Gordon State College International Financial Documentation

Applicant's name: _____

You are required to certify that you (Gordon State College applicant) will have the minimum sum of **\$39,030** for your expenses during your first academic year (2 semesters) at Gordon State College. You should indicate how you would meet expenses for subsequent years of study if you expect your program to require more than the two years completion for an Associate's Degree. Gordon State College offers two-year Associate Degree transfer programs of study and Baccalaureate (four-year) programs of study.

You, the applicant, should not rely on employment, either full-or part-time during the academic year or during the summer, as a significant means of support while attending college.

This financial documentation will also be needed to prove to the United States consular officials that you have sufficient funds. Therefore, please make copies of all documents for this purpose.

NOTE: A form I-20, for the issuance of a visa, can be issued to you only after you have been admitted to Gordon State College and have completed this form to meet the monetary requirements and returned it to the address listed below.

Sources of Support – Check all that apply

Personal, Family and/or Sponsor Savings: _____
First Year Funds Second Year Funds

▶ Print name of each person providing support:

▶ **Note:** Signature of parent or sponsor is required on Certification of Sources of Funds and Amounts.

Name and contact information of bank where funds are on deposit:

▶ **Note:** A bank official's signature is required on the Certification of Source of Funds and Amounts, if the student is supported in part or whole by personal savings or savings of a sponsor.

Your Government _____
First Year Funds Second Year Funds

Print Name of Agency

Mailing address of Agency

▶ **Note:** Enclose signed copy of letter from your government awarding funds to you with this form.

Print name of authorized government agent

Signature of authorized government agent

▶ **Note:** Enclose a signed affidavit from an Authorized person to certify accuracy.

TOTAL AMOUNTS SHOULD EQUAL THE ESTIMATE OF COSTS FOR ONE ACADEMIC YEAR NOTED ABOVE.

ENTER THE TOTAL AMOUNT OF MONEY YOU EXPECT TO HAVE UPON ARRIVAL AT THIS INSTITUTION TO BEGIN STUDIES \$ _____ US.

Please print this form and return the original to:
Gordon State College Registrar's Office, 419 College Drive, Barnesville, Georgia 30204

Gordon State College International Financial Documentation

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

Applicant's name: _____

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available. **Signature must be notarized in space provided.**

Bank Official's Signature _____

Bank Official's Name (Printed) _____

Title _____

Name of Bank _____

Address of Bank _____

Date _____

Signature of Notary Public (affix seal) _____ **Date** _____

This is to certify that I have read the information furnished on this form, that it is true and accurate, that the funds are available and will be provided as specified. **Signature must be notarized in space provided.**

Sponsor's Signature _____

Sponsor's Name (Printed) _____

Address of Sponsor _____

Relationship to Applicant _____ **Date** _____

Signature of Notary Public (affix seal) _____ **Date** _____

I, _____ (Applicant), certify that the total amount of money that I have available for a minimum of one (1) academic year at Gordon State College is \$ _____ and that the total available for each subsequent year (as necessary) of student is \$ _____. Gordon State College offers transfer programs of study (2-year, Associate Degrees) usually completed within a two-year window of full-time study.

I certify that the above information provided is correct and complete and that I shall notify Gordon State College of any change in my financial status.

Signature of international applicant: _____

Print international applicant's name: _____

Date: _____

Signature of Notary Public (affix seal) _____ **Date** _____