

CONFIDENTIAL FINANCIAL INFORMATION FOR INTERNATIONAL APPLICANTS

Please return completed form directly to:

Director of Undergraduate Admissions
Wake Forest University
Post Office Box 7305
Winston Salem, NC 27109-7305
USA
admissions@wfu.edu

Applicants who are not citizens or permanent residents of the United States must demonstrate the ability to meet the expenses of Wake Forest University prior to admission. **All international applicants must complete this form.**

Name of Applicant _____
Family/Surname *First/Given Name* *Middle*

Date of Birth _____ Permanent Mailing Address _____
Number and Street

Town or City _____ State/Province _____ Country _____ Postal Code _____

Telephone _____ Email _____

Country of Birth _____ Country of Citizenship _____

Parent/Guardian: Telephone _____ Email _____

List family's total annual income in U.S. dollars:

| | Last Year (Actual) | This Year* | Next Year* |
|--------------------|--------------------|------------|------------|
| Parents' Earnings | \$ | \$ | \$ |
| Student's Earnings | \$ | \$ | \$ |
| Other Income** | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

*Estimate total income for the year. **Please explain source of other income

How many persons, including the applicant, are dependent on the family's income? _____

The estimated total cost of attendance for an international student for 2018/2019 is \$72,000. That cost will rise to approximately \$78,000 by the end of the fourth year of study. Enter the expected amount of annual support, in U.S. funds, towards your educational costs from the sources listed below.

| Source of Support | First Year | Second Year | Third Year | Fourth Year |
|---|------------|-------------|------------|-------------|
| Personal or Family funds (<i>bank document(s) required</i>) | | | | |
| Sponsors (<i>letter of support required</i>) | | | | |
| Scholarships (<i>copy of award letter required</i>) | | | | |
| Other (<i>please explain and attach, verification required</i>) | | | | |
| Total | | | | |

In addition to the cost of study, will you be able to pay your round-trip travel to the United States? Yes No

In addition to the cost of study, will you be able to pay the premium for health insurance? Yes No

If needed, do you have access to additional funds once in the United States? Yes No

I certify that the information provided is true and correct to the best of my knowledge. I understand that all costs are estimated.

Signature of Applicant

Date

Signature of Parent or Financial Sponsor

Date