

# 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 a student for 2020/2021 is \$78,000. That cost will rise to approximately \$86,000 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