

# INTERNATIONAL GRADUATE STUDENT DECLARATION AND CERTIFICATION OF FINANCIAL SUPPORT



Johnson & Wales University, International Admissions , 8 Abbott Park Place, Providence, RI 02903 USA Phone (401) 598-1015 Fax (401) 598-4787

## TO BE COMPLETED BY APPLICANT

Social Security Number (Student ID Number) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sex  Male  Female

Last Name FAMILY NAME \_\_\_\_\_

First Name GIVEN NAME \_\_\_\_\_

Permanent Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone ( ) ( ) \_\_\_\_\_  
COUNTRY CODE CITY CODE NUMBER

Fax ( ) ( ) \_\_\_\_\_  
COUNTRY CODE CITY CODE NUMBER

Major \_\_\_\_\_

Email Address \_\_\_\_\_

## TO BE COMPLETED BY SPONSOR

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sex  Male  Female

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone ( ) ( ) \_\_\_\_\_  
COUNTRY CODE CITY CODE NUMBER

Email Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

U.S. Dollars Available for Support \_\_\_\_\_

*I agree to accept full responsibility for the expenses of the above mentioned applicant during his/her studies at Johnson & Wales University.*

This document must be accompanied by an **Original Bank Statement** verifying financial support for one academic year.

### SOURCE OF FUNDS

AMOUNT  
IN U.S. DOLLARS

#### Personal Savings

Please submit a Bank Statement verifying the amount available.  
*Complete Sponsor Section*

\_\_\_\_\_

#### Family Funds

Please submit a Bank Statement verifying the amount available.  
*Complete Sponsor Section*

\_\_\_\_\_

#### Government Sponsor

Please submit official letter indicating amount and availability of funds.

\_\_\_\_\_

#### Business/Organization Scholarship

Please submit official letter indicating amount and availability of funds.

\_\_\_\_\_

Other (Specify)

\_\_\_\_\_

Please submit official letter indicating amount and availability of funds.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_