



INTERNATIONAL STUDENT STATEMENT OF FINANCIAL SUPPORT

(Please Print)

Student's Name (First Name) (Last Name) Passport #

Current Address (Street) (City) (Country)

This statement must be completed and submitted for review before admission to Des Moines Area Community College is considered.

This form is to be completed by a parent, relative, or other individual who will be responsible for the financial support of this student while attending Des Moines Area Community College (make sure you have this form notarized below). If the student is to be sponsored by an international organization, government, embassy, etc., a notarized statement from them is required stating the amount, what expenses will be covered and for what period of time, how and when payment will be made, and if payment will be sent to the student or to the college.

In consideration of and in exchange for the acceptance of (First Name) (Last Name)

at Des Moines Area Community College beginning (Month) (Year)

I solemnly swear that I am able and willing and promise to provide him/her the minimum amount of \$20,000 (USD) payable in U.S. dollars for his/her tuition and living expenses per year at Des Moines Area Community College (DMACC).

- Evidence of my financial resources in the form of a Bank Statement or Employer's Statement accompanies this document of Financial Support.
I understand that \$4,000 USD must be deposited with DMACC upon the student's arrival on campus. This fee may not be used to pay educational expenses until the last semester the student is enrolled at DMACC. Please note that deposits will be in the student's name. Therefore, only the student can request a release of the deposit. If a sponsor expects to receive the deposit back they must make personal plans with their individual international student.
Registration will be delayed until the deposit is paid.
The deposit policy will be in effect for every semester during which the student is enrolled. When the student completes their studies at DMACC, any remaining amount, less any outstanding tuition or fees, will be refunded.

Please be advised that stated costs are only estimates and may be more based on student program and course selection.

Parents Sponsor Family (be specific) Friend Organization Other

(Street Address of Sponsor)

(Street, City, State, Country)

(Area Code, Phone # of Sponsor)

(Signature of Sponsor)

(Signature of Notary) (Place Notary's Seal Here)

Return this form to: Des Moines Area Community College International Student Office 2006 South Ankeny Boulevard, Building 5, Room 1120A Ankeny, IA 50023