

**Wheaton College Modular Programs**  
**International Student Certification of Finances**  
*(not for Canadian students)*

To be completed *after* you have been accepted for enrollment to Wheaton College.

**Personal Information**

Name: Miss, Mrs., Mr. (please circle one) \_\_\_\_\_  
Surname (family name), First (given name) Middle

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax # (include country code) \_\_\_\_\_

Date of birth: (month/day/year) \_\_\_\_\_ Country of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_ Country of permanent residence \_\_\_\_\_

Family members you are responsible for:

_____	Age _____	Relationship _____	_____	Age _____	Relationship _____
_____	Age _____	Relationship _____	_____	Age _____	Relationship _____
_____	Age _____	Relationship _____	_____	Age _____	Relationship _____

Of those listed above, which ones will be coming with you to Wheaton:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

Please refer to the sheet titled "Estimated Costs for International Students" for your estimated costs. All international students who are accepted for admission to Wheaton College must (1) pay an advance deposit for tuition, room, board (meals), insurance and a one-time Sevis fee for their first semester **and** (2) submit this Certification of Finances form by **June 1** prior to enrollment for a Certificate of Eligibility (Form I-20) to be issued. If you can verify you will not be living in college housing and/or not using the meal plan, that amount will not need to be included. An invoice with final billed costs will be sent to you in July. *Any remainder of the billed costs for the first term not paid for in advance must be paid by the due date on the invoice. Payment for billed costs including tuition, room, board and insurance for subsequent semesters must be paid by December 15 for spring term and July 28 for fall term.* Failure to do so will result in the cancellation of your enrollment at Wheaton.

On this Certification of Finance form you must be able to demonstrate sufficient financial support to cover the total projected costs of your education for your entire time of enrollment for both billed and personal costs, and for your family if applicable. You must also provide signed certification from the bank and/or sponsor(s) verifying the support. Financial aid is not available through the Financial Aid Office to assist students with the cost. (A copy of the award amount for recipients of Billy Graham Center scholarships for selected graduate school students will be sent directly to the Financial Aid Office.)

Strict government regulations require that Wheaton verify the financial resources of international applicants. Wheaton will issue a Certificate of Eligibility (Form I-20) which must be presented to the U.S. Consul to obtain the necessary visa. A Certificate of Eligibility will be issued upon receipt of payment for billed costs for the first semester, plus acceptable signed documentation of support as shown on the completed Certification of Finances form. Do not enter expected job earnings after you arrive as part of your sponsorship.

Please print your responses to each question completely and accurately. Enter all amounts in U.S. dollars. Send the advance deposit and this completed Certification form to **Wheaton College, Intl. Student Services, 501 College Ave. Wheaton, IL 60187, or fax it to (630) 752-5935**

Information on wiring money to Wheaton will be sent upon request.

**I. ADVANCE DEPOSIT**

a. The advance deposit for my first term *billed costs* being sent with this Certification of Finances Form:

**Note:** To determine this amount, please refer to budget sheet for estimated costs. All advance deposits for single and married students must include the cost for tuition and medical insurance for one semester plus a one-time Sevis fee of \$100. Students staying in college housing and/or taking college meals must also include room and/or meal costs for one semester. (Medical insurance is required for all international students unless you have your own insurance that is approved by the Wheaton College Student Insurance Coordinator.)

Tuition: US \$ \_\_\_\_\_ Room: \$ \_\_\_\_\_ Board \$ \_\_\_\_\_ Medical insurance \$ \_\_\_\_\_

\$ 100 Sevis fee      \$ \_\_\_\_\_ TOTAL

b. In addition to the *billed costs* above, please show an amount for living expenses for myself and my family (if coming with me) for the entire time of my enrollment. Note: To determine this amount refer to the estimated budget sheet; find the length of your program for either single or married student, and then the total at the bottom of the column. Take this figure and subtract out the amount of your advance deposit shown above and the remaining amount is to be put here.

US \$ \_\_\_\_\_

**II. SPONSORSHIP**

ABOVE COSTS WILL BE COVERED BY THE FOLLOWING SPONSORS AS SHOWN BELOW. IT IS THE STUDENT'S RESPONSIBILITY TO BE SURE THAT ALL FUNDS ARE SENT SO BILLS ARE PAID BY THE REQUIRED DUE DATE.

**Student's and/or parents' savings/investments available for education**

**Documentation needed:**

*A signed statement or letter from the bank confirming the value of you and/or your sponsor's savings (convert all amounts to U.S. dollars.)*

Name of Bank \_\_\_\_\_ Amount you will provide: U.S.\$ \_\_\_\_\_

**Personal Sponsor(s) (parents, relative, friend, employer, other)**

**Documentation needed:**

*Current signed and notarized letter from each sponsor\* to verify intent to cover expenses and the amount of support.*

Name of sponsor\*: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Amount: U.S.\$ \_\_\_\_\_

Name of sponsor\*: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Amount: U.S.\$ \_\_\_\_\_

Name of sponsor\*: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Amount: U.S.\$ \_\_\_\_\_

**Agency Sponsor (government, organization)**

**Documentation needed:** *Current signed and notarized letter from each sponsor stating intent to cover expenses with an exact dollar amount.*

Name of agency sponsor: \_\_\_\_\_ Amount: U.S.\$ \_\_\_\_\_

Contact person at agency: \_\_\_\_\_ E-mail \_\_\_\_\_

Address of agency sponsor: \_\_\_\_\_

Name of agency sponsor: \_\_\_\_\_ Amount: U.S.\$ \_\_\_\_\_

Contact person at agency: \_\_\_\_\_ E-mail \_\_\_\_\_

Address of agency sponsor: \_\_\_\_\_

