**FORM B**

**INTERNATIONAL STUDENT FINANCIAL CERTIFICATE**

A statement showing current bank balance must be submitted with this form

The bank officials’ signature is also required on the certification below

|  |  |
| --- | --- |
| Last Name: | First Name: |
| Middle: | Former Last Name (Maiden): |
| Address: | |
| City: | State/Zip: |
| Email: | Cell Telephone: |
| Home Telephone: | Work Telephone: |

|  |  |
| --- | --- |
| **Check all boxes that apply** | I expect my program of study to require       years of study. |
| I expect to remain in Fayetteville during the summer periods. |
| I expect to attend summer semesters. |

|  |
| --- |
| **Personal and/or Family Savings**  **\*A statement showing current bank balance must be submitted with this form** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Bank:** |  | 1st Year | 2nd Year |
|  |  |  |
| **Parent(s)/Sponsor(s):** |  | 1st Year | 2nd Year |
|  |  |  |
|  |  |  |
| **Your Government**  **Agency Name:**  **\*Enclose a signed copy of your award** |  | 1st Year | 2nd Year |
|  |  |  |
| **College Award**  **Name of College:** |  | 1st Year | 2nd Year |
|  |  |  |
| **Other, Please Specify:** |  | 1st Year | 2nd Year |
|  |  |  |
| Each of the column totals should equal the estimated academic year total.  You should expect to have sufficient funds to cover books, room and board, supplies and personal expenses for at least one academic year at Fayetteville Technical Community College. (Approximately $20,000.00) | | TOTAL | TOTAL |
|  |  |

**OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS**

This is to certify that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.

\*Attach Current Bank Statement\*

|  |  |
| --- | --- |
| **Bank Official’s Signature and Seal:** | **Bank Official’s Name (Printed):** |
| **Name of Bank:** | **Address:** |
| **Date:**  Click or tap to enter a date. |

|  |  |
| --- | --- |
| **Parent/Sponsor’s Signature:** | **Parent/Sponsor Name (Printed):** |
| **Relationship to Applicant:** | **Address:** |
| **Date:**  Click or tap to enter a date. |

I,       (applicants name) certify that the total amount of money that I have available for my first academic year of study at Fayetteville Technical Community College is       and that the total amount available for subsequent year of study is      . I also certify that I will buy adequate health hospitalization insurance. I further certify the information above is correct and complete and I shall not require additional financial assistance.

**School Information:**

I am applying for entry into the following curriculum:      .

Describe your significant work experiences (responsibilities, positions held, type of business, ministry, teaching, etc.)

Click or tap to enter text.

Describe your career objectives. What do you plan to do with your education?

Click or tap to enter text.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.