## Lincoln University

401 Fifteenth Street, Oakland, California 94612, USA

## **APPLICANT'S DECLARATION OF FINANCES**

All international students applying for admission to Lincoln University **must complete and submit this form** before being accepted. This information will be maintained as part of the student's permanent, confidential record.

## PART ONE: GENERAL INFORMATION (MUST BE COMPLETED BY ALL INTERNATIONAL APPLICANTS)

| A. Applicant's name: |   |                           |                    |         |  |  |
|----------------------|---|---------------------------|--------------------|---------|--|--|
|                      | Last / Fami   | ly Name                   | First / Given Name | Middle  |  |  |
| B.                   | <ul> <li>Who will pay for your educational expenses at Lincoln University?</li> <li>( ) Myself</li> <li>( ) Other (please specify)</li> </ul> |                           |                    |         |  |  |
|                      | L   | ast / Family Name         | First / Given Name | Middle  |  |  |
|                      | Relationship to you:  | Address:                  |                    |         |  |  |
|                      | Street  |                           |                    |         |  |  |
|                      |   |                           |                    |         |  |  |
|                      | City  | State, Province or Region | Zip or Postal Code | Country |  |  |
|                      |   |                           |                    |         |  |  |

The person other than the applicant stated above must complete PART TWO of this form.

A self-funded applicant must submit a bank statement or a verification letter from an officer of the bank or other financial institution giving the applicant's present balance, which must equal or exceed the amount required for one year of study (\$18,960), and does not need to complete PART TWO.

C. Are the funds for your educational expenses on deposit, or in the process of being deposited, in a bank located in the United States?

( ) Yes: Enclosed is a bank statement verifying that these funds in the United States are either deposited in my name or available for my educational use.

( ) No: The funds are in a bank outside the United States. Enclosed is a bank statement verifying the circumstances under which funds will be made available for my educational use in the United States.

D. Are these funds in a country whose government restricts the exchange or release of such funds to the United States?

( ) Yes ( ) No

E. I, the undersigned, hereby agree the following:

1) that all the above information is true to the best of my knowledge;

- 2) that all expenses incurred in my name at Lincoln University shall be paid according to the specifications set down by Lincoln University; and
- 3) that Lincoln University shall have the right to withhold documents in my name until all such expenses have been paid in full.

Signature: \_\_\_\_

Date: \_

Month/Day/Year

## PART TWO: SPONSOR OR GUARANTOR'S AFFIDAVIT OF SUPPORT

The sponsor or guarantor named below must submit a bank statement or a verification letter from an officer of the bank or other financial institution giving the present balance, which must equal or exceed the amount required for one year of study (\$18,960).

| A.  | Name:   |                    |                    |                       |  |  |
|-----|---|--------------------|--------------------|-----------------------|--|--|
|     | Name: Last / Family Name  |                    | First / Given Name | Middle                |  |  |
| B.  | Country of Citizenship:   |                    | Date of Birth:     | th/Day/Year           |  |  |
|     |   |                    | Mon                | iii/Day/Teai          |  |  |
| C.  | Permanent (Home) Address:   | Street             |                    |                       |  |  |
|     | City State, J   | Province or Region | Zip or Postal C    | ode Country           |  |  |
|     | State, 1  |                    |                    |                       |  |  |
|     | Telephone   |                    | Fax (if any)       |                       |  |  |
| D.  | I am currently employed or engaged in the following business or position:   |                    |                    |                       |  |  |
|     | Title   | Compa              | ny or Organization |                       |  |  |
|     | Street  | City               | State              | , Province or Region  |  |  |
|     | Zip or Postal Code Country  | Teleph             | one                | Fax (if any)          |  |  |
| E.  | My total annual income is \$ (U.S. dollars). My family's estimated total expenditures for   |                    |                    |                       |  |  |
|     | one full year, excluding support for the a  | bove-named stud    | ent, is \$         | (U.S. dollars).       |  |  |
| _   |   |                    |                    |                       |  |  |
| F.  | My current bank assets are as follows:<br>Bank Name   | Location           |                    | Amount (U.S. dollara) |  |  |
|     | Dank Iname  | Location           |                    | Amount (U.S. dollars) |  |  |
|     |   |                    |                    | _ \$                  |  |  |
|     |   |                    |                    | _ \$                  |  |  |
|     |   |                    |                    | \$\$                  |  |  |
|     |   |                    |                    | _ \$                  |  |  |
| G.  | All necessary payments will be made by me directly to:<br>(Please circle one of the following) Lincoln University / the student.  |                    |                    |                       |  |  |
| H.  | All expenses incurred in the above-named student's account at Lincoln University, if not paid by the student will be paid by me in full and according to the specifications set down by Lincoln University. |                    |                    |                       |  |  |
| I.  | I will notify Lincoln University immediately if the terms of my sponsorship or guarantorship change.  |                    |                    |                       |  |  |
| J.  | All of the above information is true to the best of my knowledge.   |                    |                    |                       |  |  |
| Sig | nature:   | Date:              | Month/Day/Year     |                       |  |  |
|     |   |                    | Month/Day/Year     |                       |  |  |

Revised: 10/16/2014