



SAINT VINCENT COLLEGE

International Student Supplemental Application Form

Biographical Information

Name: _____

Family Name

Given Name

Middle Name

Gender: Male Female Marital Status: Married Single Date of Birth ____ / ____ / ____
mm dd yyyy

U.S. Social Security Number (if applicable): _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Position/Occupation in Home Country: _____
(e.g., student, professor, etc.)

Current Mailing Address:

Street Address _____

City, State/Province _____

Country and Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Address in Home Country (if different from above):

Street Address _____

City, State/Province _____

Country and Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Address to Which Visa Documents Should be Sent:

Street Address _____

City, State/Province _____

Country and Postal Code _____

Telephone _____ Fax _____ E-Mail _____



SAINT VINCENT COLLEGE

Immigration Information

If you are currently INSIDE the United States, please complete the following:

Current Visa Classification: _____ Current Sponsor/School: _____

Date of Initial Entry into United States (mm/dd/yyyy): _____ / _____ / _____

I-94 Admission Number _____ I-94 Expiration Date: ____ / ____ / ____ (If D/S, check here:)

(NOTE: You must attach supporting documentation verifying current visa classification, e.g., Form I-20, Form IAP-66, Form I-797, etc.)

If you are currently OUTSIDE the United States, please complete the following:

City/Country where you will apply for the required visa: _____

Dependent Information

For each dependent who will accompany you to the U.S., please provide the following information. Use additional sheet if necessary.

Please note that a dependent is defined as your spouse and/or any unmarried children under 21 years of age.

#1 - Gender: Male Female Relationship: _____

Family Name: _____ Given Name: _____ Middle Name: _____

Date of Birth (mm/dd/yyyy) _____ / _____ / _____ City & Country of Birth: _____

Country of Citizenship: _____ Country of Residence: _____

#2 - Gender: Male Female Relationship: _____

Family Name: _____ Given Name: _____ Middle Name: _____

Date of Birth (mm/dd/yyyy) _____ / _____ / _____ City & Country of Birth: _____

Country of Citizenship: _____ Country of Residence: _____

#3 - Gender: Male Female Relationship: _____

Family Name: _____ Given Name: _____ Middle Name: _____

Date of Birth (mm/dd/yyyy) _____ / _____ / _____ City & Country of Birth: _____

Country of Citizenship: _____ Country of Residence: _____

“The statements and information provided on this application are true and accurate to the best of my knowledge.”

Signature _____

Date _____



SAINT VINCENT COLLEGE

Saint Vincent College Certification of Financial Responsibility 2007-2008

INSTRUCTIONS

Please review the following instructions before completing and signing this form.

1. Review the cost estimates and the estimated length of the degree program to which you are applying.
 2. Complete the certification indicating the amount of support that will be provided from each source for each year of the program.
 3. All proof of financial support must be submitted in English.
 4. All proof of financial support must be stated in U.S. dollars and clearly state the date that the documentation was written or printed.
 5. All proof of financial support must be an original document.
 6. All financial resources must be in liquid assets. Stocks, bonds, or other investments with cash value may be accepted if evidenced by a portfolio on the managing firm's letterhead. Please note that retirement accounts cannot be used as a source of financial support unless the sponsor can provide evidence that he/she is, in fact, retired and able to access those funds without penalty for early withdrawal. Real estate or other non-liquid asset such as automobiles, jewelry, or other personal property cannot be used as a source of financial support under any circumstances.
 7. Please be aware that evidence of financial support must also be shown to the U.S. Embassy or Consulate when applying for a visa. Therefore, you will need to have two sets of financial support documents—one to submit to the Saint Vincent College and one for the U.S. Embassy or Consulate.
 8. More than one sponsor may be used. More than one sponsor may copy this form for use.
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ESTIMATED LENGTH & COST OF STUDIES

Bachelor's Degree – Four Years

	<u>First Year</u> *	
Tuition & Fees	\$25,735.00	* Charges are subject to change in future years.
Room	\$ 4,400.00	** Other expense estimates include the following:
Board	\$ 3,780.00	Books: \$800.00/year
Other Expenses **	\$ 2,320.00	Insurance: \$500.00/year
Total:	\$36,235.00	Miscellaneous: \$85.00/month (clothing, laundry, dry cleaning, etc.)

DO NOT SEND \$35,235.00 as payment to Saint Vincent College. You will receive a bill for the amount that you owe, however it will be sent by a traditional mail system and may be subject to prolonged deliver times, please contact the college for a current bill amount. Items such as insurance, books, etc., are included in the estimate as costs you are expected to incur, but that Saint Vincent College does not necessarily provide. *Books can be purchased on campus and insurance should be taken care of before entering the United States.* Please contact the Admission office for any needed clarification at admissions@stvincent.edu.

The following are **NOT** included in the above estimates:

Orientation Fee - \$175.00; Entertainment - \$100.00/month per person; Travel Expenses - \$2,000.00/year; Other fees not previously declared.



SAINT VINCENT COLLEGE

Certification of Financial Responsibility _____

Student's Name _____
Family Name *Given Name* *Middle Name*

Department/School _____

Sponsor's Name _____
Family Name *Given Name* *Middle Name*

Sponsor's Address (*Number and Street*): _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Phone: _____ / _____ E-Mail: _____

Relationship of Sponsor to Student: _____

Certification of Financial Responsibility

I/we hereby certify that I/we will provide financial support for _____ to engage in a program of study at Saint Vincent College. I/we will provide funds from the following sources:

	Year One	Year Two	Year Three	Year Four
1. Provided each year from annual salary/income. Total annual salary in \$US _____ Attach documentation or verification of annual salary/income.	_____	_____	_____	_____
2. Provided from bank account with a total in \$US _____. Attach an Official Bank Statement.	_____	_____	_____	_____
3. Provided from other sources. Identify source(s) and attach documentation.	_____	_____	_____	_____
4. Total Available from All Sources:	_____	_____	_____	_____

Signature of Sponsor

Date Signed