

International Student Declaration of Finances

Instructions:

All applicants that are not eligible for institutional need-based aid or U.S. federal financial aid are required to submit this form within their application for admission.

Please carefully review and complete the declaration below. We do not require bank attestation or documentation with this form. You may complete this form electronically, but it must be hand-signed by both the student and a parent/guardian. If a question is not applicable, please leave it blank. **Report all currency in U.S. dollars (USD).**

Contact Chris Dixon, Senior Assistant Director of International Admissions, at dixonc@wabash.edu if you have any questions or need to make any changes after you submit this form.

Student's Given (First) Name	Student's Middle Name	Student's Family (Surname) Name
Date of Birth (MM/DD/YYYY)	Country of Birth	Country of Citizenship
Permanent Address (Street, City, State/Prov	ince/Region, Postal Code, Country)	
Mailing Address (Street, City, State/Province	e/Region, Postal Code, Country) - if different from pe	rmanent address
Size of Household (total family members, in	cluding you)	
Parent/Guardian 1 Information		
Parent/Guardian's Given (First) Name	Parent/Guardian's Middle Name	Parent/Guardian's Family (Surname) Nam
Date of Birth (MM/DD/YYYY)	Country of Birth	Country of Citizenship
Occupation	Job Title	Annual Salary
Permanent Address (Street, City, State/Prov	ince/Region, Postal Code, Country)	

Parent/Guardian 2 Inform	ation				
Parent/Guardian's Given (First)	Name Parer	nt/Guardian's Middle Name	Parei	Parent/Guardian's Family (Surname) Nan	
Date of Birth (MM/DD/YYYY)	Cour	Country of Birth		Country of Citizenship	
Occupation	Job T	- Title	Annı	Annual Salary	
Permanent Address (Street, Cit	ty, State/Province/Region, F	Postal Code, Country)			
Mailing Address (Street, City, S	itate/Province/Region, Post	al Code, Country) - <i>if differei</i>	nt from permanent addres	es s	
Expected Financial Suppo		* la a alala *a da ayyasaya* *ka a a	hilibe to man for over an an	s not covered by even our best	
tuition, fees, on-campus room committee when an applicatio international students, please i	and board, health insuran in is being evaluated for ad note that international stud e amount you are able	ce, books, supplies, and pe Imission into the college. W Jents are not eligible for ins	rsonal expenses) will be hile generous merit-base titutional need-based aid	n's educational costs (including considered by the admissions ed scholarships are available to do r U.S. federal financial aid. In st of attendance at Wabash	
	First Year	Second Year	Third Year	Fourth Year	
Student's Sources of Funds (Personal and Parental)					
Sponsor Funds*					
Total					
*If you are receiving funds from	n a sponsor, please explain	below:			

Additional Information If you would like to share any additional information, please do so below:					
We certify that the information provided on this form required to verify information provided if admitted in	n is true to the best of our n to the college.	knowledge. We understand that additional doc	umentation will be		
Providing false information may result in the college revoking its initial decision to admit a student.					
Student Signature	Date	Parent/Guardian Signature	Date		