DECLARATION OF
FINANCIAL SUPPORT FOR
INTERNATIONAL STUDENTS
Last Name____________________________________________________ First Name_________________________________________________

Degree for which you have or would like to apply:_____________________________________________________________________________

Are there any dependents that would be traveling with you to Grace College?  ☐ Yes  ☐ No
If yes, please explain______________________________________________________________________________________________________

What is the current exchange rate to the U.S. Dollar: One US Dollar ($1.00) = ____________

Does your government have restrictions on foreign exchange and the release of funds to the U.S?  ☐ Yes  ☐ No
If yes, please provide documentation explaining the restrictions.

official declaration of sources of funds and assured support

<table>
<thead>
<tr>
<th></th>
<th>Annual After Tax Income (Previous Year)</th>
<th>Annual Savings (Previous Year)</th>
<th>Amount available for your college costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Mother</td>
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<tr>
<td>Student</td>
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<tr>
<td>Other Source</td>
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</tbody>
</table>

Are you expecting any (health, economic, financial, etc.) circumstances in the next five years that will cause a significant change in the level of financial support for your education?  ☐ Yes  ☐ No
If yes, please describe:______________________________________________________________________________________________________

Do you have a source of emergency funds once you arrive in the U.S?  ☐ Yes  ☐ No
If yes, please name the source and amount available in U.S. Dollars_______________________________________________________________

Please provide a realistic estimate of funds available for each year you expect to be a student at Grace College.

Year 1     Year 2     Year 3     Year 4
$________________   $________________   $________________   $________________

I have read the above and certify that the information provided is correct and complete.

Student's Signature_____________________________________________________________________________ Date______________________

Parent/Sponsor Information

Name ___________________________________________________________________________ Telephone _____________________________
Mailing Address_______________________________________________________________________________________________

_____________________________________________ Official Seal: __________________________________________

The following certifies that I, as a parent or financial sponsor, have read all the information furnished by the applicant on this form, that the information is accurate and that funds committed above are available and will be provided as indicated.

Parent's/sponsor's signature_________________________________________________________________________ Date___________________

The College Board International Student Financial Aid Application cannot be used in place of the Grace College Declaration of Financial Support.

NOTARY REQUIRED

Sworn and subscribed before me this _________ day of _________, ________.
(day)              (month)       (year)

______________________________ Official Seal: ________________________________

Notary Public Signature

• Do not submit this document unless it has been notarized •