



**DECLARATION OF
FINANCIAL SUPPORT FOR
INTERNATIONAL STUDENTS**

Grace College Admissions Office · 200 Seminary Drive · Winona Lake, IN 46590
Telephone: 574-372-5100 · Toll-Free: 1-866-974-7223 · Fax: 574-372-5120
E-mail: admissions@grace.edu · On the Web: www.grace.edu



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

	Annual After Tax Income (Previous Year)	Annual Savings (Previous Year)	Amount available for your college costs
Father	\$ _____	\$ _____	\$ _____
Mother	\$ _____	\$ _____	\$ _____
Student	\$ _____	\$ _____	\$ _____
Other Source	\$ _____	\$ _____	\$ _____

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 _____

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 •