GRADUATE ADMISSIONS 

Calvin University

3201 Burton Street SE

Grand Rapids MI 49546-4388

FAX: 011-616-526-6505

[gradstudies@calvin.edu](mailto:gradstudies@calvin.edu)

**DECLARATION OF FINANCES FORM**

**For International Students**

Student Immigration forms are issued only after admission is granted, financial resources are verified, and an enrollment deposit of $2000 USD is received. All information may be reviewed by Calvin University, the U.S. State Department, and US Immigration. Accuracy and documentation is imperative!

**CALVIN UNIVERSITY COSTS: 2019-2020 figures\*** (all dollar amounts are in US funds)

Graduate Tuition $16,864.00 – Fall, Spring, and Summer

Room, Board, Personal Expenses $12,000.00 – For single person living with other students/family

General Expenses $3,265.00 – books, health insurance, supplies, etc.

Transportation $3,000.00. Less, it student does not own an automobile.

**Total Annual Costs $35,129.00**

**Calvin University Financial Assistance for International Students**

* *On-Campus Employment:* Students granted F-1 Student Visa may work up to 20 hours per week on-campus during the school year and full-time during vacation periods. Students can earn $2,000-3,000 working on-campus for 10-15 hours per week during the school year and more during the summer.
* *Financial Aid:* Calvin University has limited funds to assist international students. These funds are available exclusively for full or partial tuition waivers. Funds are not available for books, housing, food, personal expenses, etc.
* **Most unmarried individuals should expect to document (on this form) the ability to provide a minimum level of support of $15,000.00/year USD for each of two years to complete the M.Ed. degree**. See dependents costs on following page. There are NO full-pay grants/scholarships.

Note: Academic admissions review may be delayed until sufficient financial support documentation is received.

|  |
| --- |
|  |

**SECTION A: Personal Information**

Name of Student:

Last/Family Name (as recorded in your passport.) First Middle

Home Address:

E-mail Address: Gender: Male Female

Date of Birth: City of Birth: Country of Birth

(month/day/year)

Citizenship: Phone Number:

Current position (occupation/vocation):

When do you expect to start your program (check one of the following):

□ In September for the Fall semester □ In January for the Spring Semester □ In June for Summer School

Are you married? Do you have children?

**NOTE:** If you are married, will your spouse and/or children be coming with you to the U.S.?

□ Yes □ No

If yes, please provide the information asked for below. (Please include names as they appear in the passports):

Full name of spouse\* Date of birth City of birth Country of birth Citizenship

(As recorded in passport.)

(month/day/year)

Full names of children\* Dates of birth City of birth Country of birth Citizenship Son or daughter

(As recorded in their passports) (month/day/year)

**\*You should expect to show financial support for an additional $6,000 for your spouse, and an additional $2,000 for each dependent child. An Immigration I-20 will not be issued unless there are adequate and substantiated funds available.**

|  |
| --- |
|  |

**SECTION B: STUDENT'S SOURCES OF FUNDS--** Indicate in U.S. dollars

What is the present exchange of your country’s currency to the US dollar = $1.00

Does your government currently impose restrictions on exchange and release of funds for study in the U.S.?

□ Yes □ No

If YES, describe restrictions:

**1. YOUR PERSONAL FUNDS:**

Amount in your Savings Account:

Amount in your Checking Account:

Other personal Sources of Support:

Name of Bank:

Address of Bank:

**VERIFICATION Please** obtain the signature of a bank official OR attach a signed copy of a current bank statement.

**This is to certify that I have read the information given above, that it is a true and accurate statement, and that the funds are available.**

Signature of Bank Official:

Name: Title:

**2. SPONSORS: Family members, church, other organizations providing funds for you. If more than one, please use additional page for details.**

First year $ Second year $

Name of guarantor: Relationship

Address:

**VERIFICATION:** Please attach current bank statement of sponsors and a letter from your sponsor indicating the amount of money they will guarantee.

**3. GOVERNMENT OR OTHER ORGANIZATIONS:**  Indicate how much will be available from your government or other organizations in the form of a scholarship or other award and enclose a signed copy of your letter of award.

1st year in US $ 2nd year in US $

Name of Government Agency:

**4. OTHER:**

If other funds are available, please enclose a signed statement from an authorized person to certify the availability of these funds.

**5. ADDITIONAL COMMENTS:**

Add any additional comments here or on an additional page if you wish to inform the Graduate Financial Aid Committee of any aspects of your financial situation or any special circumstances which merit attention and are not apparent in the other sections.

Please make sure that you keep copies or extra originals of all the financial documents you send us because you will need them at your visa interview and could also be asked for them when you enter the USA.

**C. OTHER INFORMATION**

1. When do you expect to complete your program at Calvin University?

2. How long do you plan to remain in the United States? years.

3. What are you plans after you complete the graduate program at Calvin University?

**D. CERTIFICATION: I certify that the information provided here reflects reasonable estimates and is correct and complete.**

**Student's signature:**

**Date:**

**Application for Tuition Waiver**

**Calvin University Masters in Education**

Calvin University is able to make available a limited number of tuition-waivers for international students who wish to attend Calvin University to complete a Master of Education degree. Any international student wishing to study in the Calvin Master of Education Program may apply for this tuition waiver. In keeping with the mission and vision of the university, preference is given to those persons who are certified teachers in their country, have experience in and are committed to the work of K-12 Christian education, and who are committed to returning to their homeland to exercise leadership in the Christian education endeavor.

To be considered for a International Student Tuition Waiver a person must complete:

* all application forms for the Master of Education Program
* an up-to-date Declaration of Finances Form
* this Tuition Waiver Application Form

In addition, an application for the tuition-waiver must have a statement submitted by a school administrator, a pastor, or some other representative of an educational organization that can attest to the commitment of the candidate to Christian education.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (only if different from the address on your application).

Please describe your reasons for becoming a teacher.

What goals do you hope to achieve by completing a Master of Education degree at Calvin University?

Please describe your religious faith.

Calvin University wishes to assist international students who are committed to returning to their home country to continue in leadership in K-12 schools or similar educational programs. Please share with us your thoughts and plans for returning to your own country in the future.

**Student's signature:**

**Date:**

Waiver, page 1