2016-17 INTERNATIONAL STUDENT
FULL PAY AGREEMENT

DEADLINE: APRIL 1, 2016

Instructions: This form should be completed and returned with all supporting documentation to Calvin College, Office of Admissions and Financial Aid, 3201 Burton St. SE, Grand Rapids, MI 49546, U.S.A., by April 1, 2016. If you fax or email this form, it is not necessary to mail it. Fax: +1-616-526-6777, Email: intladm@calvin.edu

This form is a declaration of your/your family’s ability to meet Calvin College’s full costs for the duration of your enrollment at the College. Any nondisclosure or omission of a substantive material fact (the hiding of important information) will result in the termination of the student’s SEVIS record and I-20.

INFORMATION ABOUT THE STUDENT please type or print.

☐ Male    ☐ Female

<table>
<thead>
<tr>
<th>Name</th>
<th>Last/Family</th>
<th>First/Given</th>
<th>Middle</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Place of Birth</th>
<th>Birthdate (M/D/YR)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Postal Code/Zip</th>
<th>Country</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different from home address)</th>
<th>City</th>
<th>State</th>
<th>Postal Code/Zip</th>
<th>Country</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Telephone</th>
<th>(Country Code)</th>
<th>City/Area Code</th>
<th>Number</th>
<th>Current Telephone</th>
<th>(Country Code)</th>
<th>City/Area Code</th>
<th>Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fax Number</th>
<th>(Country Code)</th>
<th>City/Area Code</th>
<th>Number</th>
<th>Attn:</th>
<th>E-mail</th>
</tr>
</thead>
</table>

Citizenship ____________________________________________

If currently in the U.S., what type of visa do you hold? ____________________________________________

Your Marital Status? ☐ Not Married   ☐ Married   If married, how many people are financially dependent upon you? _______

INFORMATION ABOUT YOUR APPLICATION

Type of applicant    ☐ First-Year Student   ☐ Transfer Student   ☐ Re-Admitted Student

Anticipated date of enrollment: ____________________________

Have you ever applied for financial assistance at Calvin College? ☐ No   ☐ Yes

If yes, list most recent academic year of application: ____________________________
**INFORMATION ABOUT YOUR PARENTS**

What is your parent(s)’ current marital status:
- [ ] Married
- [ ] Separated/Divorced
- [ ] Other
- [ ] Mother living/Father deceased
- [ ] Father living/Mother deceased
- [ ] Both Parents deceased

<table>
<thead>
<tr>
<th>PARENT #1</th>
<th>PARENT #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Father</td>
<td>[ ] Father</td>
</tr>
<tr>
<td>[ ] Mother</td>
<td>[ ] Mother</td>
</tr>
<tr>
<td>[ ] Stepfather</td>
<td>[ ] Stepfather</td>
</tr>
<tr>
<td>[ ] Stepmother</td>
<td>[ ] Stepmother</td>
</tr>
<tr>
<td>[ ] Guardian</td>
<td>[ ] Guardian</td>
</tr>
</tbody>
</table>

Name ____________________________
Last/Family First/Given

Home Address ______________________

Email ____________________________

Occupation/Title __________________

Employer _________________________

Number of years with Employer _______

Work Phone Number _________________
Country Code City Code Number

If parents are separated or divorced, with which parent are you living? ____________________________

If both parents are deceased, give your guardian’s name and address. ____________________________

How many persons, including yourself, depend on the income of your parents or guardian for daily living expenses? ______

**FINANCIAL INFORMATION**

What is the official currency of your country? ____________________________

Does your government currently impose restrictions on the exchange and release of funds for study in the United States?
- [ ] No
- [ ] Yes If yes, describe the restrictions: ____________________________
**SOURCES OF FUNDS**

The total estimated expense for the 2016–17 academic year is U.S. **$45,400** and is comprised of the following:

- Tuition and Fees $31,600
- Room & Board $9,900
- Books & Supplies $1,100
- Health Insurance $1,400
- Personal $1,400

The student is expected to cover any increase in the above expenses each year of enrollment.

Indicate below, in U.S. dollars, the financial sources and amounts available to cover these expenses for all four years of education and provide the appropriate supporting documentation verifying your ability to cover the costs for the first two years. Additional information may be required by the college. NOTE: If you do not provide the requested supporting documentation, you will not receive an admission decision by Calvin College. If the expected financial sources and amounts are not available while enrolled, the student risks dismissal from the college due to financial reasons.

**TELL US THE AMOUNT OF MONEY AVAILABLE FROM EACH SOURCE**

<table>
<thead>
<tr>
<th>TELL US THE AMOUNT OF MONEY AVAILABLE FROM EACH SOURCE</th>
<th>YEAR 1 (ACTUAL)</th>
<th>YEAR 2 (ESTIMATED)</th>
<th>YEAR 3 (ESTIMATED)</th>
<th>YEAR 4 (ESTIMATED)</th>
<th>DOCUMENTATION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family income from work</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Provide signed statement from employer(s); documentation of current income sufficient</td>
</tr>
<tr>
<td>Family cash, checking, savings and investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provide official bank statements</td>
</tr>
<tr>
<td>Other (explain below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
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</table>

PLEASE DETAIL THE SOURCES FROM "OTHER" ABOVE: ________________________________________________________________

________________________________________________________________________________________________________

CERTIFICATION AND AUTHORIZATION

We declare that the information on this form is true, correct, and complete. Calvin College has our permission to verify the information reported by obtaining documentation as needed.

**WARNING:** Providing false information may jeopardize a student’s visa status and may result in Calvin College revoking its initial decision to admit or enroll the student.

Student Signature ___________________________________________ Date ____________

Parent/Stepparent/Guardian Signature __________________________ Date ____________

Parent/Stepparent/Guardian Signature __________________________ Date ____________

Nondiscrimination Policy
Calvin College does not discriminate with regard to age, race, color, national origin, gender or disability in any of its educational programs or activities.