

# 2017-18 INTERNATIONAL STUDENT FULL PAY AGREEMENT

**DEADLINE: APRIL 1, 2017**

**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, 2017. If you fax or email this form, it is not necessary to mail it. Fax: +1-616-526-6777, Email: [intladm@calvin.edu](mailto:intladm@calvin.edu)

## INFORMATION ABOUT THE STUDENT *please type or print.*

Male  Female

Name	Last/Family	First/Given	Middle		
Birthdate (M/D/YR)	Country of Residence				
Home Address	Number and Street	City	State	Postal Code/Zip	Country
Mailing Address	Number and Street	City	State	Postal Code/Zip	Country
Citizenship	Email				

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

## HOUSEHOLD INFORMATION

What is your parent(s)' current marital status:

- Married  Separated/Divorced  Other  
 Mother living/Father deceased  Father living/Mother deceased  Both Parents deceased

### PARENT #1

Father  Mother  Stepfather  Stepmother  Guardian

Name \_\_\_\_\_  
Last/Family First/Given

Country of Residence \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_

### PARENT #2

Father  Mother  Stepfather  Stepmother  Guardian

Name \_\_\_\_\_  
Last/Family First/Given

Country of Residence \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_

## ESTIMATED COLLEGE EXPENSES

The total **estimated** expense for the 2017-18 academic year is U.S. **\$46,700** and is comprised of the following:

Tuition and Fees	\$32,800
Room & Board	\$10,000
Books & Supplies	\$1,100
Health Insurance	\$1,400
Personal	\$1,400

## DOCUMENT CHECKLIST

Your file will not be considered for admission until the applicable documents on this checklist are provided. Documents should state type of currency. **Provide the appropriate supporting documentation verifying your ability to cover the estimated college expenses for the first two years.**

- Parent Income Statement(s)
- Parent Bank Statement(s)
- Student Bank Statement(s) (if applicable)
- Sponsor Letter of Intent (if applicable)
- Sponsor Bank Statement(s) (if applicable)

## TERMS OF AGREEMENT

- **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.** Students are responsible to cover college expenses not covered by financial aid and agree to cover increased tuition and room and board expenses each year of enrollment.
- The United States government requires students to prove economic solvency to acquire a student visa.
- Any nondisclosure or omission of a substantive material fact or hiding of important information will result in the rescinding of financial aid awarded to the student and/or termination of the student's SEVIS record and I-20.

## 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.*