2018-19 INTERNATIONAL STUDENT
FULL PAY AGREEMENT

DEADLINE: APRIL 1, 2018

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, 2018. If you fax or email this form, it is not necessary to mail it. Fax: +1-616-526-6777, Email: intladm@calvin.edu

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.

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>Birthdate (M/D/YR)</th>
<th>Country of Residence</th>
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</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>
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<tr>
<th>Mailing Address</th>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Postal Code/Zip</th>
<th>Country</th>
</tr>
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<tr>
<th>Citizenship</th>
<th>Email</th>
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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

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

Country of Residence

Email

Occupation/Title

Employer

Length of Employment

PARENT #2

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Guardian

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

Country of Residence

Email

Occupation/Title

Employer

Length of Employment
ESTIMATED COLLEGE EXPENSES

The total estimated expense for the 2018–19 academic year is U.S. $48,800 and is comprised of the following:

- Tuition and Fees $34,400
- Room & Board $10,300
- Books & Supplies $1,200
- Health Insurance $1,400
- Personal $1,500

TYPE OF CURRENCY

Type of country currency used on bank statements: _______________________________________________________________________

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.