

F-1 FINANCIAL STATEMENT

As a student it is your responsibility to demonstrate that you have sufficient funds available to cover all education and living expenses while you are studying at PHCC. In addition, you must provide bank statements to show that the money for the two years is in the bank. Please make a copy of this completed form and all supporting financial documents before sending them to PHCC. You will need copies of these documents when you apply for your F-1 visa or status. If you have more than one sponsor, make a copy of section 2 for each sponsor to complete.

All financial documents must be in English or have a certified English translation. All amounts must appear in U.S. dollars.

Estimated Cost for Two Years

Associate Degree

Four semesters: 62 credits (can vary per degree)

Tuition*	\$15,750
Living Expenses (housing, food, etc.)**	10,000
Personal Expenses	1,000
Health Insurance, Misc.	3,000
Books	1,400
Total	\$31,150

*Tuition rates are subject to change without notice.

**PHCC is a community college and does not offer student housing. You will be responsible for making your own living arrangements.

If you will be accompanied by dependents (spouse and/or child) you must add \$6,300 per year of support for a spouse and \$3,150 for each child.

Section 1: TO BE COMPLETED BY THE STUDENT

Please print your name clearly as it is listed on your passport.

Last name (family name)

First name (given name)

Middle name

You will need to show that there is money in the bank to cover the two years of expenses:

Source of Funds	Amount for 1 st year	Amount for 2 nd year
Student	US \$ _____	US \$ _____
Sponsor	US \$ _____	US \$ _____
Other	US \$ _____	US \$ _____
Total	US \$ _____	US \$ _____

*The total financial support indicated for each year must meet or exceed the estimated costs.

I certify that the information I have provided is a correct statement of my financial support for two years. I understand that if these funds are not available, PHCC is under no obligation to support me and it is likely that I will be unable to continue my education in the United States. I understand that, as an F-1 student, I must enroll in full-time studies, and I am not permitted to work off-campus without written approval from the Department of Homeland Security.

Student's Signature _____ Date _____

Section 2: This portion is to be completed by BANK/FINANCIAL INSTITUTION.

(Bank certification must be current and cannot exceed 6 months from the date of the bank official's signature and stamp.)

I certify that _____ is a customer of this
(print account holder's name)

Bank or Financial Institution _____
(print bank or institution's name)

His/Her account(s) were opened on this date _____. For the past year the
account has shown an average balance equal to US\$ _____.

Current funds available in US\$ as of today's date are: _____.

Checking Account No.: _____ Amount _____ and

Savings Account No.: _____ Amount _____. The accounts are open and viable as of today's date. This
certification is offered with no responsibility of the financial institution.

Bank Official Name & Title (please print):

Address:

Bank Seal or Stamp

Signature of Bank Official _____

Today's Date: _____

This form will not be accepted without the bank officer's signature and bank seal or stamp.