



DECLARATION OF FINANCES

FIRST NAME (AS IT APPEARS ON YOUR STATE-ISSUED ID)	
LAST NAME (AS IT APPEARS ON YOUR STATE-ISSUED ID)	
MIDDLE NAME (AS IT APPEARS ON YOUR STATE-ISSUED ID)	
DATE OF BIRTH	COUNTRY OF BIRTH
COUNTRY OF CITIZENSHIP	WHEN DO YOU PLAN ON ARRIVING IN THE US?
YOUR RESIDENTIAL ADDRESS	ADDRESS APT
CITY	STATE ZIP
PHONE NUMBER	EMAIL ADDRESS
YOUR MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	ADDRESS APT
CITY	STATE ZIP

ESTIMATED EXPENSES THE FOLLOWING IS A LIST FOR A STUDENT ENROLLED IN OUR FINE AND ENTERTAINMENT ART PROGRAMS. THE EXPENSES OUTLINED ARE PER YEAR . LAAFA RESERVES THE RIGHT TO CHANGE TUITION AND FEES AT ANY TIME.	
TUITION*	\$22,000.00
FEES	\$200.00
HOUSING	\$9,000.00
BOOKS AND SUPPLIES	\$600.00
INCIDENTALS (FOOD AND CLOTHING)	\$3,000.00
TOTAL REQUIRED FOR FINANCIAL PROOF WITH APPLICATION	\$34,800.00

*TUITION FOR UNDERGRADUATE STUDENTS IS BASED ON FOUR QUARTERS OF STUDY AT LAAFA. STUDENTS LIVING AT HOME MAY DEDUCT \$12,000 FROM THE ABOVE AMOUNT.

SOURCE OF FUNDS (CERTIFICATION BY A BANK OFFICIAL IS REQUIRED FOR FIRST YEAR'S EXPENSE.)	
1ST YEAR \$	LIST SOURCES/SPONSOR(S):
2ND YEAR \$	LIST SOURCES/SPONSOR(S):
3RD YEAR \$	LIST SOURCES/SPONSOR(S):

SPONSOR STATEMENT [TO BE COMPLETED BY SPONSOR(S)]

I HEREBY STATE THAT I AM WILLING AND ABLE TO PROVIDE FUNDS STATED FOR THE EDUCATIONAL EXPENSE OF THE ABOVE NAMED STUDENT. I UNDERSTAND THAT THE EXPENSES LISTED ON THE FORM ARE SUBJECT TO YEARLY CHANGE WITHOUT PRIOR NOTICE.

PRINT NAME _____ SIGNATURE _____ DATE _____ RELATIONSHIP _____

I HEREBY STATE THAT I AM WILLING AND ABLE TO PROVIDE FUNDS STATED FOR THE EDUCATIONAL EXPENSE OF THE ABOVE NAMED STUDENT. I UNDERSTAND THAT THE EXPENSES LISTED ON THE FORM ARE SUBJECT TO YEARLY CHANGE WITHOUT PRIOR NOTICE.

PRINT NAME _____ SIGNATURE _____ DATE _____ RELATIONSHIP _____

BANK CERTIFICATION (TO BE COMPLETED BY BANK OFFICIAL)

I VERIFY THAT _____ HAS FUNDS ON DEPOSIT OR AVAILABLE IN THE AMOUNT OF \$ _____ IN US DOLLARS TO SUPPORT THE ABOVE NAMED STUDENT'S EDUCATIONAL EXPENSE. THIS INFORMATION IS GIVEN IN STRICT CONFIDENCE AND WITHOUT ANY RESPONSIBILITY OF THE BANK OR ITS SIGNING EFFORTS.

SIGNATURE OF BANK OFFICIAL

PRINT NAME _____ DATE _____ BANK SEAL/OFFICIAL STAMP _____

BANK ADDRESS _____ BANK PHONE NUMBER _____

STUDENTS MUST ALSO SUBMIT 2 MONTHS OF THE MOST CURRENT BANK STATEMENTS. IN ADDITION, IF YOU CANNOT VERIFY THE TOTAL AMOUNT OF TUITION FOR ONE YEAR, PLEASE SEND A LETTER DETAILING HOW YOU WILL BE PAYING FOR YOUR TUITION DURING YOUR FULL ACADEMIC PURSUIT AT LAafa.

TO BE COMPLETED BY STUDENT

I CERTIFY THAT THE INFORMATION PROVIDED HERE IS CORRECT AND COMPLETE.

SIGNATURE _____ DATE _____