



Los Angeles
Academy of Figurative Art

DECLARATION OF FINANCES

FIRST NAME (AS IT APPEARS ON YOUR PASSPORT)

LAST NAME (AS IT APPEARS ON YOUR PASSPORT)

MIDDLE NAME (AS IT APPEARS ON YOUR PASSPORT)

DATE OF BIRTH

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

WHEN DO YOU PLAN ON ARRIVING IN THE US?

YOUR ADDRESS IN YOUR COUNTRY OF ORIGIN

ADDRESS

CITY

STATE/REGION

POSTAL CODE

COUNTRY

PHONE NUMBER

EMAIL ADDRESS

YOUR ADDRESS IN THE US (IF APPLICABLE)

ADDRESS

CITY

STATE

ZIP

FAMILY DATA (FAMILY MEMBERS THAT WILL ACCOMPANY YOU)

NAME

RELATIONSHIP

NAME

RELATIONSHIP

ESTIMATED EXPENSES THE FOLLOWING IS A LIST FOR AN INTERNATIONAL STUDENT ENROLLED IN OUR FINE AND ENTERTAINMENT PROGRAMS. THE EXPENSES OUTLINED ARE PER YEAR. LAAFA RESERVES THE RIGHT TO CHANGE TUITION AND FEES AT ANY TIME. IF ENROLLMENT IS REQUIRED FOR INTERNATIONAL STUDENTS APPLYING WITH M1 VISAS.

TUITION*

FEE'S
HOUSING
BOOKS AND SUPPLIES
INCIDENTALS (FOOD AND CLOTHING)
TOTAL REQUIRED FOR FINANCIAL PROOF WITH APPLICATION

*TUITION FOR UNDERGRADUATE STUDENTS IS BASED ON FOUR QUARTERS OF STUDY AT LAafa.

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 NAME 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 NAME 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 _____

TO BE COMPLETED BY STUDENT

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

SIGNATURE _____

DATE _____

LOS ANGELES ACADEMY OF FIGURATIVE ART
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(877) MY-LAAFA (695-2232) | (818) 475-1964 FAX
CONTACTUS@LAAFA.ORG | WWW.LAAFA.ORG

APT
APT

T ART FULL-TIME
\$30,943.00

\$200.00
\$9,000.00
\$600.00
\$3,000.00
\$43,743.00

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CONFIDENCE

