



# 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				APT	
CITY	STATE/REGION	POSTAL CODE	COUNTRY				
PHONE NUMBER				EMAIL ADDRESS			
YOUR ADDRESS IN THE US (IF APPLICABLE)				_____			
		ADDRESS				APT	
CITY	STATE	ZIP					

<b>FAMILY DATA (FAMILY MEMBERS THAT WILL ACCOMPANY YOU)</b>	
NAME	RELATIONSHIP
_____	_____
NAME	RELATIONSHIP
_____	_____

<b>ESTIMATED EXPENSES</b> THE FOLLOWING IS A LIST FOR AN INTERNATIONAL STUDENT ENROLLED IN OUR FINE AND ENTERTAINMENT ART PROGRAMS. THE EXPENSES OUTLINED ARE <u>PER YEAR</u> . LAAFA RESERVES THE RIGHT TO CHANGE TUITION AND FEES AT ANY TIME. FULL-TIME ENROLLMENT IS REQUIRED FOR INTERNATIONAL STUDENTS APPLYING WITH F-1 VISAS.	
TUITION*	\$31,993.00
FEES	\$200.00
HOUSING	\$10,500.00
INCIDENTALS (FOOD AND CLOTHING)	\$4,000.00
BOOKS AND SUPPLIES	\$1,000.00
<b>TOTAL REQUIRED FOR FINANCIAL PROOF WITH APPLICATION</b>	<b>\$46,693.00</b>

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

<b>SOURCE OF FUNDS</b> (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
--------------	-------------------

**TO BE COMPLETED BY STUDENT**

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

---

SIGNATURE	DATE
-----------	------

LOS ANGELES ACADEMY OF FIGURATIVE ART  
 16926 SATICOY STREET | VAN NUYS, CA 91406 | USA  
 (877) MY-LAAFA (695-2232) | (818) 475-1964 FAX  
 CONTACTUS@LAAFA.ORG | WWW.LAAFA.ORG