



Lower Columbia College International Programs
Declaration of Financial Support with Dependents
Academic Year 2024-2025

International students admitted to Lower Columbia College must obtain a F-1 visa to enter and/or to remain in the U.S. This requirement applies to international students coming from abroad and international students transferring from another U.S. institution. In order for Lower Columbia College to issue an I-20 we must receive evidence of financial support.

Important information:

- Students will be issued a form I-20 upon completing the Declaration of Support stating that they have the funding to support one full year's cost of attendance of **\$21,731**, and a promissory statement that they will pay for the first entire quarter by the First Term Payment deadline.
- Students must provide proof of funds in the form of a bank statement, or letter directly from the financial institution on their letterhead showing at least **\$21,731** (or the equivalent in local currency). Statement must be dated for less than six months old at time of application.
- Bank statements must be complete. We cannot accept partial statements or statements with missing pages.
- Amount must be liquid funds or readily available (such as checking, savings, available lines of credit, etc). We do not accept proof of future funds (stocks, bonds, crypto, paystubs, immovable assets, etc).
- If the source of funding is not in the student's name, then the bank account owner must be listed as one of the financial sponsors in the form below.

TO BE COMPLETED BY THE STUDENT:

Last Name/Family Name: _____ First Name/Given Name: _____

Date of Birth: _____ Sex (As on your passport): Male Female

Email: _____

Country of Citizenship: _____



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DEPENDENT INFORMATION (if applicable):

List the family members (spouse and/or children) who will be living with you during your studies at Lower Columbia under an **F-2 visa**. You must show additional funds of **\$16,356** for the first dependent, and **\$10,912** for each subsequent dependent. Please upload the following (as applicable): copies of each dependent's biographical passport page, official marriage certificate with English translation (spouse), and birth certificate with English translation (children).

| Family name | First/Given name | Middle name(s) | Date of birth | Birth city | Birth country | Citizenship country | Relationship (spouse/ child) |
|-------------|------------------|----------------|---------------|------------|---------------|---------------------|------------------------------|
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FUNDING: Please indicate the source(s) of funding—totaling at least **\$21,731**—that will cover your expenses for the first year while you work toward completing your degree at Lower Columbia College. Check all that apply:

Student's Personal funds***

Family or Sponsor Funds

Scholarships

Other (if other please list here in detail) : _____

**** If you indicated that you will be using your own Personal Funds to sponsor your studies, please complete the section below. If you will be using Family or Sponsor Funds, please refer to page 3. If you have more than one sponsor, each sponsor needs to fill out their information on page 3 separately.*

ACKNOWLEDGEMENT OF FINANCIAL ABILITY:

I pledge that I will bring the financial support required to cover all expenses-greater or equal to **\$21,731** during my stay in the U.S. and pay the cost of studies to Lower Columbia College. I understand that if the first quarter's tuition and housing placement fees are not paid by the First Term payment deadline, the I-20 may be canceled. I certify that all information provided in this Declaration of Support and in the accompanying financial statements is true and accurate. I understand that any false or misleading statement may result in the denial of my admission to Lower Columbia College or to the cancellation of my registration for the coming term.

Student Printed Name: _____

Student Signature: _____ Date: MM/DD/YY



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TO BE COMPLETED BY THE SPONSOR (if different from the student):

Last/Family Name: _____

First Name: _____ Middle Name: _____

Relationship to Student: _____ Telephone: _____

Address: _____ City: _____

Province/State: _____ Postal Code: _____

Email Address: _____

Amount of Support per year (if different from the full requested amount of **\$21,731**) : _____

Sponsored Student: _____ Student's date of birth: MM/DD/YYYY

I/We pledge to provide the necessary financial support to cover all expenses, amounting to \$_____, for _____ (student's name) during their stay in the U.S.. This includes paying for their studies at Lower Columbia College. I/We understand that if the first quarter's tuition and housing placement fees are not paid by the deadline, their Form I-20 may be canceled. I/We certify that all information provided in this Declaration of Support and in the accompanying financial statements is true and accurate. I/We understand that any false or misleading statement may result in the denial of the student's admission to Lower Columbia College or to the cancellation of their registration for the coming term.

Sponsor Printed Name: _____

Sponsor Signature: _____ Date: MM/DD/YY

Lower Columbia College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, citizenship or immigration status, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal as required by Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act and ADA Amendment Act, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. All inquiries regarding compliance with Title IX, access, equal opportunity and/or grievance procedures should be directed to Vice President of Foundation, HR & Legal Affairs, 1600 Maple Street, PO Box 3010, Longview, WA 98632, title9@lowercolumbia.edu, Phone number, (360) 442-2120, Phone number/TTY (800) 833-6388.