

## San José City College International Student Program

2100 Moorpark Avenue, San Jose, CA 95128 USA

international program@sjcc.edu

## FINANCIAL CERTIFICATION FORM

The U.S. Department of Homeland Security requires F-1 international students to provide documentation of financial support before a form I-20 can be issued by San José City College. Documentation of financial support includes 2 items:

1. This completed Financial Certification Form; and

**1-408-759-4499** 

- 2. An original bank certification letter or bank statement in English showing the required funds available listed in U.S. dollars
  - a. Funds must in a liquid asset such as a checking or savings account.

i. Funds not immediately accessible such as stocks, bonds, or retirement accounts cannot be used.

Both documents must be dated from within the last 6 months.

Estimated Expenses for One Academic Year (Subject to Change. Check website for most up to date information.):

Tuition & Other Fees \$9794
Health Insurance \$1848
Books & Supplies \$300
Room & Board \$10800
Other Personal Expenses \$2250

Total Annual Estimated Cost: \$24,992 U.S. Dollars\* (Required minimum amount for the 2023-20224 academic year)

Note: If a spouse and/or child(ren) will be accompanying the student as F-2 visa dependents, an additional \$8000 per person needs to be reflected on the bank certification letter/statement. Please include additional funds for each F-2 visa dependent listed on the application.

Section 1: Applicant Infor			altional fallas for co		черепас		те аррпеано
			Applying For	(check on		 II □ Spring	Year: 20
Applicant's Name:	Given/First	Middle	113 0	•	ic)i a		1 Cd1. 20
Email Address:			Date of Birth:	Month	Date	Year	
Section 2: Funding Source	e						
Amount Available in U.S. Doll	ars:		Date on Bank	Certification	on:	h Date	V
I plan to obtain funds to pay	expenses while stud	dying in the U.	S. from the followi	ing source	(check	one):	Year
	Parents - Name:						
☐ Government Scholarship	- Name:		Other source (L	.ist name/r	elations	hip):	
Section 3: Applicant's Ce							
☐ I declare under penalty of per Falsification, withholding pe	erjury the statements, rtinent data, or failure	information, an to report chang	d materials submitte ges in status may res	ed in this ap sult in distri	oplication ct action.	are true and	l correct.
☐ I understand all materials su	bmitted by me for the	e purposes of ac	lmission become the	e property o	of the San	José City Co	llege.
I have the funds necessary to must be paid at time of regis	o meet my educationa stration; there is no fin	al and living exp nancial aid and r	enses throughout mo waivers or deferm	ny stay at Sa nent of tuitio	an José Ci on.	ty College. To	uition and fees
☐ I understand maintaining he	ealth insurance covera	age is mandator	y and will obtain ade	equate insu	rance pro	vided by Sar	n José City Coll
I understand San José City C throughout my studies at Sa	College does not offer o an José City College.	or provide on-ca	ampus housing. I am	responsibl	e for secu	ring my owr	n housing
☐ I am/I will be 18 years of age	or older by the first da	ay of my first sei	mester at San José C	ity College.	OR, My p	arent will sig	ın Section 4 be
☐ I acknowledge that I have re	•	•		3	, 31		
Applicant's Signature		_		ate:			
				Month	Date	Year	- l- A
Section 4: Parent's Certif	•		Ŭ,	for Applic	cant's C	inder 18 o	niy)
My child is under the age of		-	_				
I will secure a California resid		=	=	_	-	_	
☐ I understand I am required t child to attend San José City	o complete and subm College.	nit a signed Gua	rdian Consent Form	(will be inc	luded in a	acceptance p	packet) for my
☐ I acknowledge that I have re	· ·	-					
Parent's Name:	P	arent's Signat	ure:			Date:	Date Yea
Email Address:			_ Telephone Num	nber:			Date red
Section 5: Guarantor's Ce	ertifying Stateme	nt - Check e	ach box and sig	n.			
If a guarantor (your parents, spor complete and sign this section. I certify that I have su studies at San José C	ufficient financial reso		•		_		
Guarantor's Name:		Do	ationship to Appli	cant:			
Address:			αποι ιστιρ το Αρριί	carr			
(Address)	(Street)	(City)	(State)	Co	ountry		(Zip Code)
Email Address:			_ Telephone Num	nber:			
Guarantor's Signature:							
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