



LARAMIE COUNTY
COMMUNITY COLLEGE
WYOMING

International Student Confidential Financial Statement

Laramie County Community College
1400 E. College Drive
Cheyenne, WY 82007

Every applicant to Laramie County Community College must have sufficient funds to meet his or her educational needs. For this reason, we ask you to complete the following Confidential Financial Statement. This form must be completed before an I-20 form can be obtained for a visa to allow entry into the United States. This is in compliance with the regulations of the United States Immigration and Naturalization Service. This also applies if you plan to transfer to Laramie County Community College from another institution within the United States.

The estimated financial cost for one academic year (9 months) is:

- Tuition, books and supplies
- Room and board
- Personal expenses
- Transportation (Does not include travel from home country)
- Total..... \$19,500**

Name of student applicant: _____

Dependents: See reverse

Financial guarantee: State below the amount (in U.S. dollars at the current exchange rate) available per year while you will be in the U.S. Do not include travel funds, anticipated earnings or uncertain funds:

Amount available per calendar year: \$ _____

This amount is guaranteed by (name of person): _____

Relationship to student applicant: _____

Statement of guarantor: I hereby state I am willing and able to guarantee the financial support of _____ during the entire time of
(student applicant)
his or her studies at Laramie County Community College.

Signature of guarantor Date

Address _____
City State or Province ZIP

Bank verification: This is to certify that the sponsor listed above is financially capable of meeting his or her commitment, and, if the funds are outside of the United States, he or she is permitted to do so under your nation's present regulations.

Signature of bank official Date

Title _____

Bank address _____
City State or Province ZIP

Student: If you are receiving a scholarship from your government or from an institution in your country, please attach a copy of the award notice to this form.

Dependent Information: Add \$2,000 for each dependent listed

	NAME	DATE OF BIRTH	SEX	RELATIONSHIP TO APPLICANT
1			<input type="checkbox"/> F <input type="checkbox"/> M	
2			<input type="checkbox"/> F <input type="checkbox"/> M	
3			<input type="checkbox"/> F <input type="checkbox"/> M	
4			<input type="checkbox"/> F <input type="checkbox"/> M	

Total \$_____