

CERTIFICATION OF FINANCES

Please provide your name as it appears on your passport and application.

FAMILY (LAST) NAME:			GIVEN (FIRST) NAME:		
Date of Birth: Month	Day	Year			
Country of Birth:		Cour	try of Citizenship:		

International students on student or scholar visas who apply for admission to Douglas Education Center must certify the availability of funds before applications are considered to be complete. This is a requirement of the U.S Bureau of Immigration and Customs Enforcement (ICE).

All students must posses or have available all living expenses (including students living with friends or relatives) and tuition fees for the program (four semesters).

Undergraduate students: Tom Savini's Special Make-Up Effects Program tuition (including fees book, supplies) =\$29,500 (12 months program cost of the 16 month Program). Approximate 12 months of the 16 month living expense = \$17,100*. *Douglas reserves the right to adjust any educational costs. Total program costs are evaluated each semester. Applicants who sign an enrollment agreement are advised that these costs may increase prior to his/her start. The FACTORY Digital Film Program at Douglas tuition (including fees book, supplies) =\$20,525 (12 months program cost of the 16 month Program)

*29,525 (12 months program cost of the 16 month Program).
Approximate 12 months of the 16 month living expense = \$17,100*.
*Douglas reserves the right to adjust any educational costs. Total program costs are evaluated each semester. Applicants who sign an enrollment agreement are advised that these costs may increase prior to his/her start.

*Note: living expenses are estimates and are based on shared living arrangements to include: rent, meals, utilities, personal expenses, etc. These estimates do not include: Airfare, health insurance, owning/operating an automobile, travel within the U.S.

Dependents: The minimum additional expense for each dependent accompanying you is \$5,400/academic year. Please attach an additional page that lists the following information for each dependent: Family Name, Given Name, Date of Birth, Country of Birth, Country of Citizenship. Please provide the name as it appears on your dependent's passport.

ALL OF THE FOLLOWING SECTIONS MUST BE COMPLETED IN FULL:

SECTION A: Source of Financial Support (if self-supporting check here: D)

Name of sponsor:

Relationship to student: _____

Amount available: \$

The undersigned certifies that he/she has read the information given by the applicant on this form and that funds are available and will be provided as needed.

Sponsor's Signature:	Date:	

SECTION B: Student Certification

I certify that the amount listed in Section A is available to me to study at Douglas Education Center.

Student's Signature: _____

Date: _____



SECTION C: Evidence of Financial Support

Please review the chart below to determine the type of verification required as evidence of financial support. **Please submit only original financial documents. Do not submit photocopies or faxes.** Bank documents must be less than 6 months old at the time of application.

Type of Sponsorship	Required Verification
Personal funds or funds from an individual sponsor	Original letter from the sponsor's bank stating the available account balance. The letter must be on official letterhead, and include the bank's seal.
Sponsorship provided by your government, your employer or another organization	Official award letter stating amount and duration of sponsorship awarded.
Loan	Loan approval letter from granting institution stating loan amount.

Section D: Dependent Information

□ Check here if any dependents are accompanying you to the United States.

*Provide information for only those dependents accompanying you to the United States.

FAMILY NAME:	GIVEN NAME:				
Relation to Student:	Date of Birth: Month	Day	Year		
Country of Birth:	Country of Citizenship:	Gender:			
FAMILY NAME:	GIVEN NAME:				
Relation to Student:	Date of Birth: Month	Day	Year		
Country of Birth:	Country of Citizenship:	Gender:			
FAMILY NAME:	GIVEN NAME:				
Relation to Student:	Date of Birth: Month	Day	Year		
Country of Birth:	Country of Citizenship:	Ge	Gender:		
FAMILY NAME:	GIVEN NAME:				
Relation to Student:	Date of Birth: Month	Day	Year		
Country of Birth:	Country of Citizenship:	Ge	nder:		