

DECLARATION OF FINANCES FOR INTERNATIONAL STUDENT ADMISSION

www.cornerstone.edu



Please note that this form is only for non-U.S.A. passport holders. **All forms are due March 30, 2016.**

The International Student Scholarship Committee reviews all requests for financial assistance until March 30, 2016. **Forms submitted from October 1-March 30 are given optimal consideration for financial assistance.** Student immigration forms are issued only after admission is granted, financial resources are verified, and an enrollment deposit of \$300 USD is received. All information may be reviewed by Cornerstone University, the U.S. State Department, and the U.S. Department of Immigration. Please make sure all the information is accurate, certified, and original documentation.

(Estimated*) All dollar amounts are in U.S. funds and anticipate a 4% increase each year. Total Tuition, Room and Board tend to increase anywhere from 2%-4% each year. Personal costs include airline fees and visa fees.

Cornerstone University Costs:	2016-2017*	2017-2018*	2018-2019*	2019-2020*
Tuition & Fees	\$27,160	\$28,246	\$29,376	\$30,551
Room & Board	\$8,897	\$9,252	\$9,622	\$10,006
Books (estimated*)	\$1,000	\$1,000	\$1,000	\$1,000
Health Insurance	\$1,000	\$1,000	\$1,000	\$1,000
Personal Costs (estimated*)	\$2,000	\$2,000	\$2,000	\$2,000
Total Annual Costs	\$40,057	\$41,498	\$42,998	\$44,557

Section A: Personal information - All applicants must submit this section

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LAST NAME FIRST NAME MIDDLE NAME

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COMPLETE HOME ADDRESS-NUMBER AND STREET CITY

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ZIP/POSTAL CODE COUNTRY PHONE NUMBER

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CITIZENSHIP (PASSPORT) COUNTRY OF BIRTH

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STUDENT E-MAIL FAX NUMBER

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FATHER'S NAME OCCUPATION

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FATHER'S EMPLOYER

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MOTHER'S NAME

--	--

MOTHER'S EMPLOYER OCCUPATION

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PARENT E-MAIL

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MAILING ADDRESS, IF DIFFERENT THAN ABOVE

Section B: Financing your Cornerstone education

Please indicate which financial option you are pursuing:

We will fund all expenses related to Cornerstone University through private and personal resources.
(Please complete Section C only)

We are requesting financial aid from Cornerstone University.
(Please complete Section D only)

Section C: Complete this section if you DO NOT wish to be considered for financial assistance from Cornerstone University.

Funds available for the 2015-2016 year:

- 1) How much funding will your parents provide from their income?
(salary document must be attached) \$ _____
- 2) How much funding will your parents provide from their savings?
(bank document must be attached) \$ _____
- 3) How much funding will be provided by other sources?
(bank documents must be attached for each source listed below) \$ _____

Name: _____
Name: _____

Amount: \$ _____
Amount: \$ _____

The signatures below verify that the resources listed above are true, sufficient and available to support the total costs of a Cornerstone University education. I understand that any misrepresentation of this information may be cause for refusing admission or revoking enrollment.

Student Name (print)	Student Signature	Date
Parent/Guardian Name (print)	Parent/Guardian Signature	Date
Name of other funding source (print)	Other funding source Signature	E-mail Address

**Deadline to submit this form:
March 30, 2015**

**IMPORTANT:
Keep copies of this entire form for your records.**

Mail or fax all sections of this form and all necessary documentation to:

*Cornerstone University Admissions Office
1001 E. Beltline Ave NE
Grand Rapids, MI 49525
United States of America*

Fax: 616-222-1418



**Section D: Complete this section if you are requesting financial aid from Cornerstone University.
See estimated costs per year on page 1.**

**Section D-1: Family/guardian income and support:
(Attach official income statements)**

	Year 1	Year 2	Year 3	Year 4
1. List annual family income:	\$ _____	\$ _____	\$ _____	\$ _____
2. Of this, what amount will help pay for your education costs?	\$ _____	\$ _____	\$ _____	\$ _____

**Section D-2: Savings, investments and assets:
(Attach official bank statements)**

	Year 1	Year 2	Year 3	Year 4
1. List additional resources available from family funds:	\$ _____	\$ _____	\$ _____	\$ _____
2. Of this, what amount will help pay for your education costs?	\$ _____	\$ _____	\$ _____	\$ _____

**Section D-3: Non-parent or guardian sources of funding (if needed):
List all other financial sources that will be used for payment of your education.
(Photocopy this form if additional copies are needed.)**

	Year 1	Year 2	Year 3	Year 4
Sponsor #1	\$ _____	\$ _____	\$ _____	\$ _____
Sponsor #2	\$ _____	\$ _____	\$ _____	\$ _____

**Financial Sponsor #1 Verification
Affidavit of Sponsor**

This section to be completed by the person(s) who is financially responsible for payment of the education costs.
Attach official documentation to verify these financial resources.

*I hereby attest that I am willing and able to provide no less than the amount stated in **Section D-3**, namely \$ _____
USD in cash for the duration of _____ years for the following named student _____.
My relation to the student is _____.*

Sponsor #1 Information and Verification

Sponsor Name and Title (print)

Sponsor Signature

Sponsor E-mail address

Date

**Financial Sponsor #2 Verification
Affidavit of Sponsor**

This section to be completed by the person(s) who is financially responsible for payment of the education costs.
Attach official documentation to verify these financial resources.

*I hereby attest that I am willing and able to provide no less than the amount stated in **Section D-3**, namely \$ _____
USD in cash for the duration of _____ years for the following named student _____.
My relation to the student is _____.*

Sponsor #2 Information and Verification

Sponsor Name and Title (print)

Sponsor Signature

Sponsor E-mail address

Date

**Section D-4: Summary of Financial Information:
Total Funds from Section D1-3**

	Year 1	Year 2	Year3	Year 4
Section D-1: Income	\$ _____	\$ _____	\$ _____	\$ _____
Section D-2: Savings, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Section D-3: Sponsor (list total)	\$ _____	\$ _____	\$ _____	\$ _____
Total Pledged Amount:	\$ _____	\$ _____	\$ _____	\$ _____

Section D-5: Verification of Information

The signatures below verify that the resources listed above are true, complete, and available to support our contribution to the total costs of a Cornerstone University education. I understand that any misrepresentation of this information may be sufficient cause for refusing admission or revoking enrollment.

Student Name (print)

Student Signature

Date

**Deadline to submit this form:
March 30, 2016**

**IMPORTANT:
Keep copies of this entire form for your records.**

Mail or fax all sections of this form and all necessary documentation to:

*Cornerstone University Admissions Office
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