

Office of Enrollment Services F-1 International Student Applicants Certification of Financial Responsibility

This original confidential financial certification form **must** be completed and submitted along with supporting financial documents before a Form I-20 will be issued. Please review all information on page 2 prior to completion. If you have any questions about completing this form, please contact the Florida Gateway College Designated School Official at 386-754-4361 or email crystal.Janasiewicz@fgc.edu.

Estimated Expense

Below are the estimated annual expenses for international students. Your supporting financial documents must total \$25,000 if you are a lower-level (AA, AS, Certificate) student or \$27,000 if you are an upper-level (Bachelor's) student. If you are married and your spouse and/or children are accompanying you to the U.S., you must show an additional \$3,000 for your spouse and \$3,000 for each dependent child. This Certification of Financial Responsibility form is required for each year you enroll at FGC.

Per Academic Year	Lower-Level	Upper-Level
Tuition and Fees (Fall and Spring only)*	\$10,000	\$12,000
Books and Supplies*	\$3,000	\$3,000
Living Expenses (per year)*	\$12,000	\$12,000
Total	\$25,000	\$27,000

^{*}Fees are subject to change without notice. The above amounts are based on the assumption that a student is careful with the use of funds. Students must have sufficient funds to pay for their tuition by the posted fee deadline each term. Tuition is based on 12 credit hours for fall and spring enrollment. Students may be required to enroll in additional credit hours per semester depending on your program of study or other requirements (i.e. athletics). Please check with an academic advisor for enrollment requirements. Students desiring to take courses over the summer term must provide proof of an additional \$12,500 to cover expenses for that term.

Supporting Financial Documents

Applicants are required to submit valid supporting documents certifying that you have sufficient funds available to cover expenses for your first year at Florida Gateway College. **Documents must be original, dated less than six** (6) months from the first day of classes, officially translated into English and U.S. Dollars, and issued by a financial institution or agency verifying access to the funds. Photocopies of bank documents are unacceptable. Please review the following examples of acceptable financial documents.

- Personal funds Bank letter or bank statement.
- Funds from family or sponsor Bank statement along with the Declaration of Support (see next page) containing both the student's and sponsor's name, relationship, and amount of funds available for the purpose of the applicant's studies. Attach additional sheets if funds will be received from multiple family members or sponsors.
- Government or other sponsoring agency A signed copy of the scholarship or award letter stating the amount and duration of the award.
- Sponsors who are U.S. Citizens or U.S. legal permanent residents must complete the USCIC Form I-134.

All funds must be verified as liquid (i.e. available for immediate use). The following are examples of documents which **are not** acceptable: annual salary statement, real estate, investments, stocks, other non-liquid assets, or accounts from which money cannot be withdrawn.

Applicants should make and keep a copy of all financial paperwork for your records.

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Applicant Information

Las	t (Family) Name	First (Given) Nam	e	Middle	
 Dat	e of Birth (MM/DD/YYYY)	Email			
Enr	rollment Plan: Associate in Arts	☐ Associate in Science	☐ Bachelor's	☐ Certificate	
Student Annual Financial Support in U.S. Dollars (USD)					
A.	Personal Savings/Funds (Liquid asse	ets required)	Am	ount \$	
В.	Family/Sponsor Funds (If full or partial financial support i	s from family/sponsor)	Am	ount \$	
	Name of Sponsor:		Rel	ationship:	
	Address of Sponsor:				
				Citizenship:	
	2. Family/Sponsor Funds		Am	ount \$	
	Name of Sponsor:		Rel	ationship:	
	Address of Sponsor:				
				Citizenship:	
C.	Government/Other Sponsoring Age	ncy Funds	Am	nount \$	
	Name of Agency:				
my e subn term	eby certify that the information on to educational expenses. I understand to mission of inaccurate information of minating my enrollment at Florida Gat	hat medical insurance ex an be considered suffice eway College.	penses are not cient cause fo	included. I understand that the rejecting my application and	
Applicant's Signature:		Date Signed:			
Declaration of Support					
This ban	s section must be completed if you will be k statement. (Attach additional sheets laration of Support must be received fro	if you are receiving fund			
l,	I, hereby certify that I am willing and able to provide (Print Name of Family Member/Sponsor)				
U.S.	(Print Name of Family Member/Sponsor) U.S. \$ to meet the expenses incurred by				
U.S. \$ to meet the expenses incurred by					
during the length of the student's academic study to which this application pertains. My relationship to the student is that of I have authorized the release of my supporting financial documents to					
verify the promised financial resources are immediately available to me. I certify that I understand the contents of this					
document and the statements are true and correct. I certify that I can provide the amounts noted above for each year of enrollment. I have enclosed an official bank letter certifying the availability of funds as reflected above and that all funds are reflected in U.S. dollars.					
Sigr	nature of Sponsor/Family Member:			Date:	