

(INS FORM I-20)

Student Information:

Family Name (surname) _____	First Name _____
Country of Birth _____	Date of Birth(month/day/year) _____
Country of Citizenship _____	
Home Mailing Address _____	
City	Country

How long do you plan to study at Seward County Community College? _____

Date study to begin _____ Semester _____ Year _____ Major area of interest _____

Do you plan to attend summer school at Seward County Community College? _____

Name of Health Insurance Provider: _____

Financial Information:

Please Enter Amounts in U.S. Dollars (\$) – Please Print All Entries		
<i>Sources of Funds</i>	<i>First Year</i>	<i>Second Year</i>
PERSONAL OR FAMILY SAVINGS: Please print name of bank. _____ <small>(An accompanying certified letter from the bank is required to verify that the funds are available, and it must state actual amounts available in U.S. dollars.)</small>	\$	\$
PARENTS AND/OR SPONSORS: Please print name of each person. _____ _____ <small>(The signature of the parent and/or sponsor is required in the space below. In addition, an accompanying certified letter from a bank is required to verify that the funds are available, with amounts quoted in U.S. dollars, or that the parents and/or sponsors are financially capable of providing the funds quoted for each year.)</small>	\$	\$
GOVERNMENT AGENCY: Please print name of agency. _____ <small>(Please enclose a copy of your letter of award.)</small>	\$	\$
OTHER – Please specify: _____ <small>(Please enclose a signed affidavit of support.)</small>	\$	\$
TOTAL: The total for each year must equal or exceed the estimate shown on the first page of this form.	\$	\$

Signatures:

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

Signature of Guarantor
(Parent and/or Sponsor) _____

Address _____

Relationship to applicant _____

Date _____

Comments: _____

I certify that the information above is correct and complete.

Student's Signature _____ Date _____

Comments: _____

TO BE COMPLETED BY SEWARD COUNTY COMMUNITY COLLEGE

I have reviewed this form and supporting documents, and approve the issuance of a Certificate of Eligibility.

College Official's Signature _____ Title _____

Date _____

Comments: _____
