

Enter amounts in U.S. dollars. Please PRINT all entries. **Attach a copy of the bank statement in U.S. dollars.**

1. Personal or Family Savings

Account Holder's Name: _____ Relationship to Applicant: _____

Name of Bank _____ \$ _____

2. Parents and/or Sponsors

Name of Bank _____ \$ _____

Account Holder's Name: _____

Signature: _____ \$ _____

What is the total amount you expect to have when you arrive at this institution?
Parent or Sponsor signature is required.

TOTAL \$ _____

Request for guardian if parent(s) are not in the United States:

I will be responsible for all academic costs and any costs that would be needed while the student is attending our school including costs for medical emergencies.

Name: _____ Email Address: _____

Home Address: _____ Phone: _____

Signature

**All areas listed above are required information in order for an I-20 to be issued. A copy of this information is required to be given to the consulate with your I-20 for your appointment.

An appointment needs to be made to review proper paperwork before the student can attend school. Please call (718) 445-3533 to schedule a date and time.