

**University of the West International Student Supplemental Application
for Financial Aid July 01, 2017 - June 30, 2018 Academic Year**

International Students must complete both this supplemental application and
the UWest application for Financial Aid for the 2017-2018 Academic Year

Name: _____
Last (Family Name) First Middle

Home Country Permanent Address: _____

Country of Origin: _____

Home Country Phone Number: (_____) _____ - _____ E-Mail Address: _____

Do you have a Driver's License? No Yes, State: _____ Number: _____

Give the official exchange rate at the time you completed this application: _____ =US \$1.00

Please calculate the expected support for educational expenses for 2017-2018 in US dollars:

Family/Relatives	\$ _____	
Friend:	\$ _____	
Your Government:	\$ _____	Explain: _____
Private Sponsor/Scholarship:	\$ _____	Explain: _____
Your Income:	\$ _____	
Your Savings:	\$ _____	
Private Student Loan	\$ _____	Lender: _____

Please print the name, address and phone number of at least one parent or relative that should be contacted in case of an emergency:

Name: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Relationship: _____



Please print the name, address and phone number of a local person that should be contacted in an emergency:

Name: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Relationship: _____

Please provide a brief statement of circumstances. Be sure to include any information regarding expected scholarships. Financial contributions, or changes to financial situation that may affect your financial aid eligibility:

I declare that the information on this form is true, correct and complete. The college has permission to verify the information by obtaining documentation as needed.

Student's Signature _____ Date: _____

WARNING: Providing false information may jeopardize a student's visa status and furthermore may result in college revoking its initial decision to enroll the student.

<input type="checkbox"/> Verified <input type="checkbox"/> Unverified Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	For Office Use Only Scholarships: _____ Amount: _____ Signature: _____ Date: _____
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