



International students must complete both this supplemental application and the UWest Application for Financial Aid and scholarship for the 2024-2025 Academic Year

Name: _____
Last (Family Name) First Middle

Home Country Permanent Address: _____

Country of Origin: _____

Home Country Phone Number: _____ Email 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 2024-2025 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: _____
Last (Family Name) First Middle

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: _____
Last (Family Name) First Middle

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Relationship: _____

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

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

Student Signature: _____ Date: _____

WARNING: Providing false information may jeopardize a student's visa status and furthermore may result in university 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: _____	<p>FOR OFFICE USE ONLY</p> Scholarships: _____ Amount: _____ Signature: _____ Date: _____
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