



East Grand Forks Campus  
 2022 Central Avenue NE  
 East Grand Forks, MN 56721  
 1.800.959.6282

Thief River Falls Campus  
 1101 Highway One East  
 Thief River Falls, MN 56701  
 1.800.959.6282

## Northland Community & Technical College Certification of Finances – Aviation Maintenance

The U.S. Citizenship and Immigration Services regulations require that the College maintain records showing that you have met its financial requirements (as well as its academic and English proficiency requirements). **You are responsible for demonstrating that you have sufficient funds to meet all educational and personal expenses for the duration of your F-1 or M-1 status at the College.** You must fill out all the information on this form before the College will issue you an I-20. \*Please mail this form, when completed, to the campus you will be attending to the attention of the **International Student Advisor.**

You must certify that you have at least the amount necessary to cover your tuition, fees, and living expenses for your first academic year (9 months). If you attend summer session and/or bring your spouse or other dependents with you to the United States, you must certify that you have the additional amount necessary to cover those costs. Additional cost for spouse (\$2,000) and children (\$1,500/child) for a nine month period.

Family Name (surname)	First (given) Name
Country of Birth	Country of Citizenship

### Estimate of Student Expenses for the 2017-2018 Academic Year (To be completed by the Institution or Designated School Official)

	Academic Year (August-May)	Summer (June-August)
Tuition and Fees	\$ 12,610	\$ _____
Room and Board	\$ 5400	\$ _____
Books and Supplies	\$ 1400	\$ _____
Medical Costs (Mandatory Insurance)	\$ 1000	\$ _____
Personal Expenditures (clothing, laundry, etc)	\$ 900	\$ _____
Transportation (after arrival in the U.S.)	\$ 800	\$ _____
Other _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ 22,110</b>	<b>\$ _____</b>



East Grand Forks Campus  
 2022 Central Avenue NE  
 East Grand Forks, MN 56721  
 1.800.959.6282

Thief River Falls Campus  
 1101 Highway One East  
 Thief River Falls, MN 56701  
 1.800.959.6282

**DOCUMENTATION OF SUPPORT**  
 Amounts (in U.S. Dollars) Assured Support

**SOURCES OF SUPPORT**

**Year                      Second Year**

**Personal and/or Family Savings**

Name of Bank: \_\_\_\_\_

Note: A Bank Official's signature is **required** on the certification below if the student is supported in part or whole by family or personal savings.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Parents and/or Sponsors**

Print name of sponsor: \_\_\_\_\_

Note: Signature of parent or sponsor is required.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Your Government**

Print name of agency: \_\_\_\_\_

Note: Enclose a signed copy of your letter or award.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Other**

Specify: \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL DOCUMENTED SUPPORT**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Totals should be equal the estimate of expenses for one academic year.

**This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available.**

Bank Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Bank Official's Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_

\*A letter verifying financial support may be accepted in lieu of signature on this form.

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

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Name (print) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\*A letter verifying financial support may be accepted in lieu of signature on this form.

I, \_\_\_\_\_, CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT AND COMPLETE.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**This is to certify that I have reviewed the certificate and attached documents, if appropriate, and approve the issuance of an I-20.**

\_\_\_\_\_  
**Name (print)                                      Title (print)                                      Signature (Designated School Official)**