

# CONCORDIA ACADEMY-ROSEVILLE INTERNATIONAL STUDENT DATA FORM

Concordia Academy-Roseville and the U.S. Immigration and Naturalization Service require that international students provide adequate evidence that funds are available for the first year of study, and that adequate funding will be available for each subsequent year of study. Please fill in the amounts you will have available to cover your school and living expenses in the U.S. for the duration of your studies.

**ALL APPLICANTS (Please attach a recent photo to this form.)**

Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
(Exactly as name appears on passport)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year City/Country

Country or Countries of Citizenship \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

If you have dual citizenship, which passport will you use to travel? \_\_\_\_\_

Passport Number \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_  
Month/Day/Year

Permanent Address Outside the U.S. \_\_\_\_\_

\_\_\_\_\_ City State/Province Country Postal code

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Prospective Visa Type \_\_\_\_\_ Place of Visa Application \_\_\_\_\_  
City/Country

Father's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Mother's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name of sponsor/guardian while in the U.S. \_\_\_\_\_

Address of residence in the U.S. \_\_\_\_\_

\_\_\_\_\_ City State Zip Phone \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(As shown on page 1)

**FOR APPLICANTS WHO ARE CURRENTLY IN THE U.S.**

Current visa status \_\_\_\_\_ I plan to change my visa status to \_\_\_\_\_

Visa number \_\_\_\_\_ Visa issue Date \_\_\_\_\_

Where was the visa issued? \_\_\_\_\_ Visa expiration date \_\_\_\_\_  
City/Country

Port of entry \_\_\_\_\_ Date of entry \_\_\_\_\_  
City/State Month/Day/Year

Form I-94 expiration date \_\_\_\_\_ Form I-94 number \_\_\_\_\_

Which school issued your Form I-20 (if applicable)? \_\_\_\_\_

School Address \_\_\_\_\_

School Phone Number \_\_\_\_\_

Contact Person and Email Address \_\_\_\_\_

Student's Current address of residence in the U.S. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ This address and phone are valid until \_\_\_\_\_  
Month/Day/Year

Will you depart from the U.S. prior to enrollment? \_\_\_\_\_

If so, to where and when? \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(As shown on page 1)

**CONCORDIA ACADEMY-ROSEVILLE  
EVIDENCE OF FINANCIAL SUPPORT**

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**THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN OF APPLICANT**

I certify that I will have the following amounts in U.S. currency available for the student's support during the forthcoming academic year and each subsequent year at Concordia Academy-Roseville.

Personal Funds \$ \_\_\_\_\_  
Family Funds \$ \_\_\_\_\_  
Other (please specify) \_\_\_\_\_ \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

I certify that these funds are adequate to cover all estimated school and living expenses, including travel to and from the U.S.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY FINANCIAL SPONSOR (If Applicable)**

I certify that I have agreed to provide the amount of funds stated above to the applicant named above for the purpose of full-time study at Concordia Academy-Roseville.

Name of Sponsor: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address of Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address of Sponsor: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(As shown on page 1)

**THIS SECTION TO BE COMPLETED BY THE OFFICER  
OF THE BANK OR FINANCIAL INSTITUTION**

(A copy of the financial documents you will present to the U.S. Embassy or Consulate may be attached to this form.)

This is to certify that \_\_\_\_\_, whose signature appears on page three, has ample funds at this time to meet the expenses of the applicant named above. This certificate does not constitute a statement of liability on my part, or on the firm, or bank, I represent.

Name of Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Required: organizational seal  
or stamp here