



## International Financial Certification Form Lake Area Technical College

Please read carefully. Return completed form to address at the bottom of page 3. Please circle your surname/family name. It should be the same surname/family name as on your passport. Please type or print. Thank you.

1. Name \_\_\_\_\_  
(Circle Surname/Family Name) (First Name) (Middle Name)

2. Permanent Home Address \_\_\_\_\_  
(Number & Street)  
\_\_\_\_\_  
(Town or City) (Province or State) (Postal Code) (Country)

3. Mailing Address \_\_\_\_\_  
(Number & Street)  
\_\_\_\_\_  
(Town or City) (Province or State) (Postal Code) (Country)

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(If applicable)

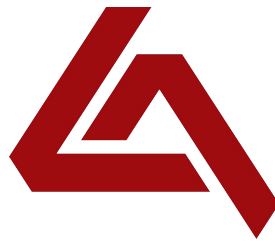
4. Place of Birth \_\_\_\_\_  
(Town or City) (Province or State) (Country)

5. Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

6. Name of \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Other Relative in the U.S. to whom  
confidential information and/or documents may be released:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_



7. **Gender** \_\_\_\_\_ Male \_\_\_\_\_ Female **Marital Status** \_\_\_\_\_ Married \_\_\_\_\_ Single

**Number of Dependents** \_\_\_\_\_ (If you have any dependents who will come with you to the U.S. please list name, relationship, birth date, and birth place for each dependent. You must show sufficient funds to cover your dependents' living expenses while in the U.S. in addition to your own funds.

**This is required for Visa application.**

Surname/Family Name	First Name	Date of Birth	Country of Citizenship	Country of Birth

8. **Financial Documentation** Please indicate in U.S. funds, the amount of money that will be available to you for all years of attendance/degree. An I-20 form may only be issued when the student has been admitted **and** shows satisfactory financial arrangements for meeting the expenses of his/her **entire** program of study at Lake Area Technical Institute. Funds for dependents accompanying you must also be included for the total years that you will be studying. Lake Area Tech retains the right to require an advance deposit from students in countries that are experiencing difficulties in foreign exchange.

**Source and amount of funds in U.S. dollars for all years of attendance/degree:**

\_\_\_\_\_ Self Support \$\_\_\_\_\_      \_\_\_\_\_ Family Support \$\_\_\_\_\_

\_\_\_\_\_ Sponsor \$\_\_\_\_\_ Describe relationship of sponsor \_\_\_\_\_

\_\_\_\_\_ Other \$\_\_\_\_\_ Describe other source \_\_\_\_\_

1201 Arrow Ave NE  
P. O. Box 730  
Watertown, SD 57201



(605) 882-5284  
1-800-657-4344  
FAX (605) 882-6299  
www.lakeareatech.edu

Please note...If your sponsor has sent a notarized signed letter you do not need to have this part completed.

### Official Certification of Sponsor

This is to certify that I have read the information furnished by \_\_\_\_\_, the applicant on this form, and agree that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

\_\_\_\_\_  
Signature of guarantor

\_\_\_\_\_  
Address of guarantor

\_\_\_\_\_  
Signature of official witness or notary (place seal over signature)

\_\_\_\_\_  
Date

9. I certify that the information provided here is correct and complete. (If sponsoring self, sponsor's signature above is not necessary.)

\_\_\_\_\_  
Signature of prospective student

\_\_\_\_\_  
Date

**Please return this form and all financial documents to:**

Lake Area Technical College  
Attn: Registrar  
PO Box 730  
Watertown, SD 57201

Telephone: (605) 882-5284  
FAX: (605) 882-6299