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**INTERNATIONAL APPLICATION Financial Statement** (Please type or print with ink)

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**LINFIELD COLLEGE**

Office of Admission • 900 SE Baker Street • McMinnville, OR 97128-6894 USA

Telephone: 503.883.2213 • Fax: 503.883.2472

E-mail: admission@linfield.edu

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**CONFIDENTIAL REPORT**1. Name: \_\_\_\_\_ Citizen of: \_\_\_\_\_  
Family First Middle Country

2. Full Address: \_\_\_\_\_

3. U.S. address if already in the United States: \_\_\_\_\_  
\_\_\_\_\_4. Applying for: \_\_\_\_\_ 20 \_\_\_\_\_ for a \_\_\_\_\_ in \_\_\_\_\_  
September/February Degree Subject5. In case of illness, accident or other financial emergencies, are there sources of emergency funds available to you while you are in the United States? ☐ Yes ☐ No

List source(s) and amounts of money: \_\_\_\_\_

6. Are you currently enrolled in a health insurance plan? ☐ Yes ☐ NoWill this plan cover you while you are in the United States? ☐ Yes ☐ No *If it does not, you will be required to purchase an insurance policy upon arrival at Linfield.*

7. Please list the name and address of someone who will help you in case of an emergency:

**Person in the U.S.****Person outside the U.S.**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_  
Area CodePhone: ( ) \_\_\_\_\_  
Country Code8. Does your government impose restrictions on the release of funds for study in the United States? ☐ Yes ☐ NoIf yes, describe the restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_*Please complete both sides of the form.*

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## CONFIDENTIAL REPORT

In order to issue a Certificate of Eligibility I-20, we are required by the U.S. Government to have the following documentation.

This is to certify that I, \_\_\_\_\_, have \_\_\_\_\_ available to me each academic year that  
Name of student Amount of money

I am in attendance at Linfield College. I acknowledge that Linfield costs may increase an average of 4-5 % per year. The funds come from the following sources:

### Academic Year

U.S. Dollars

\$ \_\_\_\_\_ from savings

\$ \_\_\_\_\_ from parents or guarantor

\$ \_\_\_\_\_ from home government

\$ \_\_\_\_\_ other sources (*describe*): \_\_\_\_\_

### Summer and/or Vacation Periods

\$ \_\_\_\_\_ Source: \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL

I declare that the above information provided is correct and complete. \_\_\_\_\_ Date \_\_\_\_\_  
Signature of student

### Guarantor's Certification

I have read the above statement and find it to be true. I certify that the funds will be forwarded as promised.

Guarantor's signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

### Bank Certification

I have reviewed the above financial analysis and find it to be a true statement.

Bank official's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and address of bank: \_\_\_\_\_

Notarization seal of signing bank: