Instructions: All international applicants must document their ability to meet all educational and living expenses for the entire period of their intended study before this institution can issue a Certificate of Eligibility (Form I-20). Read the following instructions carefully before completing and submitting this form.

PART I
Answer questions 1 through 5 completely.

PART II
Indicate the sources for funding and the amounts available. Your sponsor(s) must verify these amounts by signing this form. Include supplementary documentation as indicated.

Each applicant must document financial support that is equal to, or greater than, the total amount indicated below. These costs are estimates and are subject to increase without notice.

<table>
<thead>
<tr>
<th>SOURCE OF FUNDS</th>
<th>OFF-CAMPUS EXPENSES</th>
<th>ON-CAMPUS EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal/Family</td>
<td>$33,750</td>
<td>$33,750</td>
</tr>
<tr>
<td>Scholarship</td>
<td>$21,255</td>
<td>$21,255</td>
</tr>
<tr>
<td>Medical Insurance</td>
<td>$2,260</td>
<td>$2,260</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$1,800</td>
<td>$1,800</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$2,351</td>
<td>$1,110</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$61,416</strong></td>
<td><strong>$60,175</strong></td>
</tr>
</tbody>
</table>

All documents must be dated within 90 days of application.

Please note this form is for immigration purposes only and does not impact your admissions decision.

Certified English translations must be submitted if the financial information is in a language other than English.

Wentworth Institute of Technology reserves the right to acquire additional financial documentation from applicants.
FINANCIAL INFORMATION FORM: Wentworth Institute of Technology

Return this form with required verification (converted to USD$) to:

Wentworth Institute of Technology (Admissions Office)
550 Huntington Ave
Boston, MA 02115-5998

PART I : PRINT IN INK OR TYPE
1. Name of Applicant (as it appears on your passport)

Last (family name) ____________________________ First ____________________________ Middle ____________________________

2. Major ___________________________________________ 3. Birth Date ____________________________ Month/Day/Year


PART II
Complete each relevant item below. The money that is available should equal or exceed estimated cost of expenses. Sign and date in ink under Verification section below.

SOURCE OF FUNDS (choose which source(s) applies):
Your personal savings
Enclose an original bank letter with English translations, if necessary.
Name of Bank
Name of Account Holder ____________________________ USD Available $ ____________________________

Family/Relative sponsor
Enclose an original bank letter with English Translations, if necessary.
Name______________________________ Relation to Applicant ____________________________
Name______________________________ Relation to Applicant ____________________________
Bank Name_________________________ USD Available $ ____________________________

Scholarship/Loan
Enclose the official scholarship award letter and/or the official loan approval letter. See instructions on Page 1.
Awarded by ____________________________ USD Available $ ____________________________

Government/Employer
Enclose the official letter of support. See instructions on Page 1.
Name of Sponsor ____________________________ USD Available $ ____________________________

Other
Enclose the official letter of support. See instructions on Page 1.
Specify source ____________________________ USD Available $ ____________________________
Specify type ____________________________ USD Available $ ____________________________

VERIFICATION
A. This is to certify that I (we) the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at Wentworth Institute of Technology and that I (we) are submitting bank letters indicating availability of funds.

Sponsor’s Signature ____________________________ Date

Sponsor’s Signature ____________________________ Date

B. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission.

Applicant’s Signature ____________________________ Date