

## 6. Financial Certification

All international applicants are required by law to show proof of financial ability to live and study in the United States. You must submit a current bank statement (no more than six months old) prior to admission.

### The specified sources of my funds:

☐ Personal:

☐ Family (Parents or Spouse):

\_\_\_\_\_  
(Last name)

\_\_\_\_\_  
(First name)

☐ Other family member:

\_\_\_\_\_  
(Last name)

\_\_\_\_\_  
(First name)

Relationship to student (e.g. uncle, aunt) \_\_\_\_\_

☐ Scholarship:

\_\_\_\_\_  
Name of scholarship: \_\_\_\_\_

(Embassy, government, or agency sponsoring student must submit a letter stating amounts and period of coverage.)

**NOTE:** We reserve the option of asking for originals or additional documents if necessary such as U.S. Affidavit of Support (Form I-134).

## 7. Signature Statement

### A. International Student Admission Agreement:

I will use Shoreline Community College's I-20 to enter the US. I must: attend ISOP (International Student Orientation Program); enroll at least one quarter at Shoreline Community College; purchase Shoreline Community College approved international medical insurance while enrolled at Shoreline.

### B. Financial statement:

I will have sufficient funds to pay for my expenses and tuition. The source of funds I provided in the Financial Certification section will continue throughout my program at Shoreline Community College. I understand that submitting fraudulent documents will disqualify me from admission to Shoreline Community College.

### C. Medical Release:

The undersigned hereby gives to Shoreline Community College, its officers, employees, agents, and host families full authority and permission to take whatever action they feel is reasonably warranted under the circumstances, and to act as agent of the undersigned student and parent/guardian, regarding the named student's health and safety. This authority and permission includes, but is not necessarily limited to, the following:

- Rendering or ordering medical treatment; the giving of medication; and any examinations, X-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary.
- The undersigned understands that a reasonable attempt will be made to contact the undersigned parent/guardian before any action is taken.
- The undersigned agrees to be financially responsible for all medical attention so authorized or ordered during the student's attendance at Shoreline Community College.
- The undersigned represents that the named student has no medical restriction that limits his/her full participation in the programs and activities of Shoreline Community College, except as disclosed in any writing attached to this document. Permission is given for the student to participate in all activities offered at Shoreline Community College, except as restricted in any attached writing.
- To the fullest extent permitted by law, the undersigned hereby releases Shoreline Community College, its officers, employees, agents, and host families from all liability, and waive and release all claims, related to or arising from such decisions or actions as may be taken under the authority of the document.

**By my signature below, I verify that, to the best of my knowledge, all of the statements on this application form are true. I have read the Signature Statement and agree to terms and conditions.**

- ☐ I authorize Shoreline Community College to release academic records and immigration status information to my sponsor, educational agency, and or parents.

Student's name (please print) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)

Student's Signature\* \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)

- ☐ I am under 18 years old and understand that my parent/legal guardian will also sign below before my application is considered complete.\*

Parent / Legal Guardian's Name (Please print) \_\_\_\_\_

Parent / Legal Guardian's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)