

**Confidential Financial Information for International Applicants**

Please return completed form directly to:

Director of Undergraduate Admissions  
 Wake Forest University  
 Post Office Box 7305  
 Winston-Salem, North Carolina 27109-7305  
 USA

**\*\* Applicants who are not citizens or permanent residents of the United States must demonstrate the ability to meet the expenses of attending Wake Forest University prior to admission. All International applicants must complete this form. Please answer all questions as completely as possible.**

Name of Applicant: \_\_\_\_\_  
Family/Surname First/Given Name Middle

Mailing Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ Number and Street

\_\_\_\_\_ Town or City Province

\_\_\_\_\_ Country Postal Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

List family's total annual income in U.S. dollars:

	Last Year (Actual)	This Year*	Next Year*
Father's Earnings	\$	\$	\$
Mother's Earnings	\$	\$	\$
Student's Earnings	\$	\$	\$
Other income**	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

\*Estimate total income for the year.

\*\*Please explain source of other income on attached sheet.

Primary source of family income is from: \_\_\_\_\_ How many persons, including the applicant, are dependent on the family's income? \_\_\_\_\_

Enter the expected amount of annual support, in U.S. funds, toward your educational costs from the sources listed below:

source of support	1st year	2nd year	3rd year	4th year
Personal or Family Funds				
Sponsors (letter of support required)				
Scholarships (copy of award letter required)				
Other (please explain on attached sheet, verification required)				
<b>Total</b>				

In addition to the cost of study, will you be able to pay your round-trip travel to the United States? Yes  No

Do you have a source for emergency funds once in the U.S.? Yes  No

Provide the information requested below for all persons who will be dependent on you for financial support while in the United States:

name	age	relationship	source of financial support while in the united states

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I certify that the information provided is true and correct to the best of my knowledge.

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*Signature of Applicant*

*Date*