

## Instructions

Please complete all sections of this application form using Adobe Acrobat Reader. If you cannot complete this form using Adobe Acrobat Reader, please print clearly. After you have completed the application, print and have the sponsor (if any) sign and print his/her name. If you have any questions, please feel free to contact us at admissions@scitech.edu or call (714) 300-0300. Please Note: Funds must be immediately available at time of enrollment.

## STUDENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DEPENDENTS: (SELECT ONE) ☐ I plan to come alone ☐ I plan to bring the following dependent Spouse or Minor Child with me (complete table below)

Last Name

First Name

Relationship to Student

## ESTIMATED EXPENSES FOR ONE YEAR

The following financial estimate is based on current tuition and estimated living expenses. It does not include airfare, owning/operating an automobile, or travel within the U.S.

TUITION AND FEES \$12,000

HOUSING AND LIVING COSTS \$16,000

**TOTAL (US DOLLARS) \$28,000**

## FINANCIAL SUPPORT VERIFICATION

## MY EXPENSES WILL BE PROVIDED FROM:

☐ Personal Savings of \$ \_\_\_\_\_

If you are sponsoring yourself, please provide a letter from your bank verifying the available funds.

☐ Private/Family Sponsor: I hereby guarantee without reservation to support the education cost and living expenses (tuition and fees, books and supplies, room and board, health insurance, travel and personal expenses) for the aforementioned student while he/she is enrolled at Southern California Institute of Technology. I understand that the applicant, if accepted, will be a full-time student who may not accept off-campus employment as specified by the U.S. Citizenship and Immigration Service. **Please provide original letter from your bank verifying available funds.**

SPONSOR'S NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
First Name Last Name

SPONSOR'S ADDRESS: \_\_\_\_\_  
Number Street

City State Country Postal Zone/Country/City Code

PHONE NUMBER: (INCLUDE COUNTRY CODE) \_\_\_\_\_ EMAIL: \_\_\_\_\_

## CERTIFICATION

By signing below, I/we will assume financial responsibility for the education related expenses and support of the above named applicant during the course of his/her attendance at Southern California Institute of Technology. I/we understand that each quarter the full tuition and fees must be paid at the time of registration for classes.

APPLICANT'S SIGNATURE

DATE

SPONSOR'S SIGNATURE

DATE