

university of washington seattle

Statement of Financial Responsibility for Applicants Entering the UW Summer or Autumn 2008

TO BE COMPLETED BY THE APPLICANT

I, PRINT FULL NAME _____, (applicant's name)

affirm (1) that for my first year of study I will have sufficient funds available to pay all of my necessary expenses in the estimated amount below, and will be able to pay for travel to and from my home; (2) that barring unforeseen circumstances, comparable funding will be available for each additional year of study; and (3) that I understand that I will not receive financial aid (scholarship, grant, or loan) from the University. The sources of my funds and the amount in U.S. dollars to be received from each are listed below:

I. STUDENT'S PERSONAL FUNDS (SALARY, SAVINGS, FAMILY FUNDS) US\$ _____

If family funds, give full name and address of the person responsible:

II. FUNDS FROM OTHER SOURCES

a. From a sponsor (a person outside your immediate family) US\$ _____

Give the sponsor's full name and address:

III. FROM SCHOLARSHIP, LOAN FUND, AGENCY, ETC. US\$ _____

a. Give the source and attach an official copy of your award letter

NAME OF SOURCE:

TOTAL * Per Year US\$ _____

* Estimated fees for those beginning enrollment autumn quarter (9 months): **\$40,500** Estimated fees for those beginning enrollment summer quarter (12 months): **\$49,000**

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge, and that I will have available for my personal and academic expenses the full amount reported above.

Applicant's Signature

Date

PLEASE PRINT

First Name

Last (Family) Name

Number and Street

City

State/Province/Territory

Zip+4 or Postal Code

Country

**Please complete this form and return the original with a verifying bank letter or statement to:
University of Washington, Office of Admissions, 1410 NE Campus Parkway, Box 355852, Seattle WA 98195-5852 USA**