Certificate of Financial Responsibility

Fulton Montgomery Community College is required by the United States Immigration and Naturalization Service to obtain evidence that all applicants have adequate financial resources to pay for their education and living expenses while studying at the College.

Indicate (with an XX) the source of support (one or more, as appropriate), fill in the amount provided and attach the required documents to this form.

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>Documents Required</th>
<th>Amount Guaranteed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Funds</td>
<td>Bank Statement signed by an official of your bank. Must show funds available for length of stay</td>
<td>$ ___________ per year for ___ months/year</td>
</tr>
<tr>
<td>Parent/Sponsor</td>
<td>Same as above; also include a statement of financial support from parent or sponsor</td>
<td>$ ___________ per year for ___ months/year</td>
</tr>
<tr>
<td>Scholarship or Grant</td>
<td>Copy of your scholarship award letter signed by your sponsoring organization, government office or appropriate agency</td>
<td>$ ___________ per year for ___ months/year</td>
</tr>
<tr>
<td>Loan</td>
<td>Copy of your loan agreement prepared by the lending institution</td>
<td>$ ___________ per year for ___ months/year</td>
</tr>
</tbody>
</table>

Name of Parent or Sponsor _________________________________________________________________

Signature of Parent or Sponsor _____________________________________________________________

Relationship to Student ________________________________________________________________

Address ______________________________________________________________________________________

______________________________________________________________________________________________

I certify that all statements above on this form are true and correct and that funds will be provided as specified above. I understand that any misrepresentation may be cause for refusing admission.

_________________________________________________________  _______________________
Signature of Sponsor                                                    Date
FM International Students Application

I Plan to Enroll:
- □ Fall Semester Year __________
- □ Spring Semester Year __________
- □ Other __________ Year __________

- □ Intensive English Language
  (ESL) Program __________
- □ Combined: ESL + Academic Degree Program
  Please state program name __________
- □ Academic Degree Program Only
  Please state program name __________

Name __________________________
Family (last) First Middle (Other)

Address in U.S. (if Applicable) __________________________
Street __________________________
City __________________________ State Zip Code __________________________
Telephone in U.S. __________________________ Fax in U.S. __________________________
Email in U.S. __________________________

Address in Home Country __________________________
Street & City __________________________
State or Providence Country Postal Code __________________________
Telephone # __________________________ Fax # __________________________
Email __________________________

Mark (with an XX) the address to which you wish correspondence sent regarding your application

Country of Birth __________________________
Country of Citizenship __________________________
Social Security # (if Applicable) __________________________
Date of Birth __________________________ Month / Day / Year
Marital Status Please Circle: Single Married
Current Visa Type Please Circle: F-1 F-2 Other __________________________
(if no Visa, indicate type you will apply for)
Gender Please Circle: Male Female
Native Language __________________________
TOEFL Score (if Applicable) __________________________

Additional questions – Self-disclosure of disability and racial/ethnic information is solely voluntary. Such information will be kept confidential.
If Hispanic/Latino, is your background (check one):
□ Central American □ Dominican □ Mexican □ Puerto Rican
□ South American □ Other Hispanic/Latino

All applicants, please indicate your race (check one or more):
□ American Indian or Alaska Native – I □ Asian – A
□ Black or African American – B □ Native Hawaiian or Other Pacific Islander – P □ White – W

Check the box if you wish to identify yourself as:
□ Learning Disabled □ Other Disability __________________________

Have you ever been convicted of a felony? Yes No

Have you ever been dismissed from another college for disciplinary reasons? Yes No

List in Order of Attendance Secondary and Post-Secondary Education
Name of Institution, Location, Dates of Attendance, Diploma, Certificate of Degree Received

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I give my full permission to FMCC to release all relevant information on my student status, attendance, proficiency and progress with my parents/guardians/sponsor/agency (if applicable).

Signature of Applicant __________________________ Date __________________________

Mail this application to: Fulton-Montgomery Community College
International Student Admissions
State University of New York
2805 State Highway 67
Johnstown, New York 12095 USA