

## 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.

Source of Support	Documents Required	Amount Guaranteed
<input type="checkbox"/> <b>Personal Funds</b>	Bank Statement signed by an official of your bank. Must show funds available for length of stay	\$ _____ per year for ____ months/year
<input type="checkbox"/> <b>Parent/Sponsor</b>	Same as above; also include a statement of financial support from parent or sponsor	\$ _____ per year for ____ months/year
Name of Parent or Sponsor _____		
Signature of Parent or Sponsor _____		
Relationship to Student _____		
Address _____		
<input type="checkbox"/> <b>Scholarship or Grant</b>	Copy of your scholarship award letter signed by your sponsoring organization, government office or appropriate agency	\$ _____ per year for ____ months/year
<input type="checkbox"/> <b>Loan</b>	Copy of your loan agreement prepared by the lending institution	\$ _____ per year for ____ months/year

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*

## International Students



## Application



Futures Made. Here.



Fulton-Montgomery  
Community College

## 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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