



Labette
Community College

International Admissions Office

Main Campus: (620) 421-6700 TammyF@labette.edu

Cherokee Center: 620-232-5820 AshleyS@labette.edu

STATEMENT OF FINANCIAL INFORMATION

Today's Date _____ / _____ / _____
Month Day Year

Applicant's Name _____
(First Name) (Family Name)

Date of Birth _____ / _____ / _____
Month Day Year

Address _____

APPROXIMATE COST TO ATTEND Labette Community College FOR ONE YEAR

Non-Resident Tuition & Fees for 2 semesters	\$5,000
Living Expenses student only	\$6,000
Books & Health Insurance	\$2,500
Total	\$13,500

Please show the amount of funds available to you in each year you expect to attend Labette Community College. Consider exchange and currency regulations and list the funds in terms of U.S. dollars.

Source	First Year	Second Year
A. From Family	\$ _____	\$ _____
B. From Own Savings	\$ _____	\$ _____
C. From Government or Sponsor	\$ _____	\$ _____
D. From Other Sources (specify)	\$ _____	\$ _____

Total:	\$ _____	\$ _____

Enter the total amount of money you expect to have when you first arrive at this institution:
U.S. dollars \$ _____ (Travelers Checks are the easiest medium of exchange to negotiate.)

I certify the above information is correct _____
(Signature of Student)



International Admissions Office

Main Campus: (620) 421-6700 TammyF@labette.edu

Cherokee Center: 620-232-5820 AshleyS@labette.edu

CERTIFICATION OF PARENT OR SPONSOR

You must provide certification of parent or sponsor. Please attach a **separate certified bank statement** indicating an account with **adequate funds**.

_____ I certify that I will be responsible for financial support of the applicant as shown.

PLEASE PRINT

Name: _____

Address: _____

Relationship: _____

Telephone number if in U.S.: (____) ____ - _____

Today's Date / /
 Month Day Year

Signature: _____

Return this completed form along **with an ORIGINAL bank statement** to:

Admissions: Tammy Fuentez
Labette Community College
200 South 14th Street
Parsons, KS 67357
USA