

**CALIFORNIA PREPARATORY COLLEGE**

1020 E. Washington Street, Colton, CA 92324

Ph. 909.370.4800

**FINANCIAL
GUARANTEE
FORM**Estimate of **ESL/WHPC** Expenses for the 2017-2018 Academic Year.

Tuition (9 academic month program, full-time)	\$9,900
Room & Board (estimate at \$300 a month for rent)	\$6,930
Insurance & Medical Expenses	\$ 840
Transportation	\$1,116
Books & Supplies	\$ 800
Personal & Misc.	\$1,914
Total per student	\$21,500*

Total does not reflect actual student billing*Dependents, students must show the additional amount below on the bank statement:**

<i>Spouse</i>	\$5,000
<i>Dependent (each)</i>	\$2,500

CPC Student Applicant Information (*Must be FULLY Completed*):

_____	_____	_____
Family Name	First Name	Middle Name

_____	_____	_____
Country of Birth	City of Birth	Country of Citizenship

Attach the required documents* as appropriate:

Please provide an English translation with each original document.*Below **list the type of currency used in the bank statements. Mark what document you are submitting with your application.

SOURCE OF FUNDING	Required Documents (please attach)
<input type="checkbox"/> Personal Savings/Checkings (Currency: _____)	Current Bank Statement (within 3 months)
<input type="checkbox"/> Parent or Sponsor Income & Savings (Currency: _____)	Signed Affidavit, Bank Statement, Pay Stubs (if necessary)
<input type="checkbox"/> Sponsoring Organization/Scholarship	Award Letter (amount awarded & duration)
<input type="checkbox"/> Other Assets	Bank Statement, Mutual Funds Statement, Stock Statement, Life Insurance Statement

Affidavit of Support - Must be FULLY completed*I certify that I am willing, able, and do promise to provide the total amount stated above for the tuition, living expenses and other fees during each academic year for the student stated above, attending CPC. (Attach Current Bank Statements)* Check here for SELF

_____	_____	_____
Printed Name	Signature of Sponsor	Date

_____	_____	_____
Sponsor's Relationship to Student	Sponsor's Telephone Number	Sponsor's Email Address

_____	_____	_____	_____	_____
Sponsor's Address	City	State/Province	Code	Country

For Office Use Only

_____ Financial Guarantee Form & Bank Statement verifying sufficient funds for student and above dependents	
_____ Bursar's Office Clearance: I-20 Processing Fee Paid (\$200) _____ Bursar Initials	FGF Approved by: _____
_____ Student Financial Services balance cleared _____ SFS Rep Initials	Date: _____