



2018-2019 International Student Financial Aid Application

Name: _____ Date of Birth: _____

Type of Visa: _____ Year in College: _____

Program of Study: _____

U. S. Sponsor's Name: _____

U. S. Sponsor's Contact Number: _____

Anticipated Enrollment Hours: Fall '18: _____ Spring '19: _____ Summer '19: _____

How much financial support are you receiving **each month**, and from what source(s)?

Source	Name	Amount
Family		\$
U.S. Sponsor		\$
Church		\$
Mission Organization		\$
Friends		\$
Other		\$
Total		\$

What are your monthly expenses?

Housing	\$	Transportation	\$
Food	\$	Childcare	\$
Utilities	\$	Personal	\$

How much money do you have in savings? \$ _____

How many dependents are in your family? _____

How many of these are enrolled in higher education? _____

Do you have authorization for employment in the U.S.? *(circle one)* Yes / No

If so, how many hours per week are you authorized to work? _____

Are there any other restrictions on your ability to work? *(circle one)* Yes / No

Return this completed form to:
Office of Financial Aid – Criswell College – 4010 Gaston Avenue - Dallas, TX 75246
Please scan, attach and email to finaid@criswell.edu.

Office of Financial Aid Use Only

Received: _____ Date: _____ Posted: _____ Date: _____

Comments: _____

Director's Signature _____ Date _____