

# PACIFICA

## GRADUATE INSTITUTE

### CONFIDENTIAL FINANCIAL STATEMENT

**M.A./Ph.D. in Depth Psychology with Specialization in Community Psychology, Liberation Psychology, and Ecopsychology**

This form is to be **completed and returned to the Registrar at Pacifica Graduate Institute, 249 Lambert Road, Carpinteria, CA 93013**. A copy of this statement will be kept in your student file, and the original will be returned to you with the Certificate of Eligibility, SEVIS Form I-20. Both the I-20 and this form must be presented to the American Consul for visa issuance.

Estimated cost for each of the three years of graduate study and living expenses:

<b>Tuition and Books</b>	<b>\$30,000</b>
<b>Residential Fees</b>	<b>5,000</b>
<b>Living Expenses</b>	<b>19,000</b>
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	<b>\$54,000</b>

For the first year add moving fees and the cost of an auto (minimum **\$2,500**).

If a wife, husband or dependent children are to accompany you, add **\$4,000** per individual.

Name \_\_\_\_\_  
(Last) (First)

Country of Citizenship \_\_\_\_\_

Country of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
month/day/year

Will a spouse or children accompany you to the United States? \_\_\_ No \_\_\_ Yes

If yes, give name and if children, their ages: \_\_\_\_\_

Are there government restrictions on the amount of money a person may take out or receive from your country? \_\_\_ No \_\_\_ Yes If yes, explain: \_\_\_\_\_



## FINANCIAL STATEMENT

Please state below the sources of financial support for **each** of the years you will be attending the Institute. Bank statements are acceptable providing they state the sum equivalent in U.S. dollars.

1. **Personal Funds of Applicant:** (In U.S. Dollars) \_\_\_\_\_

This is to certify that the above amount will be paid from my own financial resources each year for three years:

DATE\_\_Signature of Applicant \_\_\_\_\_

To be signed by BANK OFFICIAL:

This is to certify that the person named above has the financial resources to meet this commitment:

DATE\_\_Signature of Bank Official \_\_\_\_\_

Name and Address of Bank \_\_\_\_\_

2. **Family Funds from Abroad:** (In U.S. Dollars) \_\_\_\_\_

This is to certify that I will provide the applicant the above amount each year for three years.

DATE\_\_Signature of Family Member \_\_\_\_\_

To be signed by BANK OFFICIAL:

This is to certify that the sponsor named above is financially capable of meeting this commitment.

DATE\_\_Signature of Bank Official \_\_\_\_\_

Name and Address of Bank \_\_\_\_\_

3. **Funds from Another Source:** (In U.S. Dollars) \_\_\_\_\_

Specify type/source \_\_\_\_\_

Please attach to this form a verified statement of award, loan or sponsorship:

To be signed by BANK OFFICIAL:

This is to certify that the sponsor named above is financially capable of meeting this commitment.

DATE\_\_Signature of Bank Official \_\_\_\_\_

Name and Address of Bank \_\_\_\_\_