



INTERNATIONAL TUITION AND FEES 2023-2024

Programs Offered:

- International High School Completion Program (HSCP)
- Associate and Certificate (Lower Division) Undergraduate Academic

Comprehensive Fees Estimated USD per year	High School Completion; Associate Degrees & Certificates
College Tuition (USD)	\$10,600
College Fees	\$750
Health Insurance ¹	\$1,206
Books and Supplies	\$1,200
Room and Board ²	\$7,850
Other Costs ³	\$900
Estimated Total	\$22,506

The prices and fees above are the annual cost estimates (3 quarters) based on an average full-time enrollment of 15 credits per term. The prices are subject to change. Consult your admissions officer for more information.

1. LewerMark Student Medical Insurance is required for all SFCC/SCC F-1 International students. The cost each quarter (three months) is **\$401.28** for AY 2023-2024 and will be included in your tuition and fee charges upon registration. For important details regarding the medical insurance coverage, please visit: <http://www.lewermark.com/ccspokane>.
2. Minor students can expect to pay **\$8,100** in Room and Board per academic year.
3. The estimated cost for a dependent's living expenses per year is \$7,000.



Global Education
AFFIDAVIT OF FINANCIAL SUPPORT
 For High School Completion and Undergraduate Studies

SOURCES OF FUNDS

Please PRINT Full Name in ENGLISH as it Appears on Your Passport Bio Page.
 Assured Funds in USD for each academic year.

<input type="checkbox"/> Parent or Sponsor - List All: (Name and signature is required on verification below.)	(USD)\$
<input type="checkbox"/> Personal Savings - Name of Bank: (Attach original bank statement or letter.)	(USD)\$
<input type="checkbox"/> Your Government - Name of Agency: (Enclose a signed copy of your letter of award.)	(USD)\$
<input type="checkbox"/> Other- Please specify: <i>For Example: Scholarships or other awards, student loan, second personal sponsor, etc.</i> (Enclose signed affidavits or award letters from authorized person or organization.)	(USD)\$
Total	(USD)\$

SPONSOR(S) SECTION

FIRST SPONSOR	Name of Sponsor (please print)		Relationship to Student		
	Address of Sponsor				
	I will provide: (check one)	<input type="checkbox"/> full financial support <input type="checkbox"/> partial financial support in the amount of \$_____ per year for the applicant's (and dependents, if applicable) tuition, fees and living expenses for the entire length of study at the Community Colleges of Spokane. As verification that funding is available, I have attached an original bank statement(s) or letter(s). (Please indicate applicant's name on all financial documents.)			
	Signature of Sponsor		Date		

SECOND SPONSOR	Name of Sponsor (please print)		Relationship to Student		
	Address of Sponsor				
	I will provide: (check one)	<input type="checkbox"/> full financial support <input type="checkbox"/> partial financial support in the amount of \$_____ per year for the applicant's (and dependents, if applicable) tuition, fees and living expenses for the entire length of study at the Community Colleges of Spokane. As verification that funding is available, I have attached an original bank statement(s) or letter(s). (Please indicate applicant's name on all financial documents.)			
	Signature of Sponsor		Date		

APPLICANT DECLARATION - REQUIRED

I, _____, hereby promise that the information provided is true, correct, and complete. I understand I ultimately am responsible for all anticipated yearly expenses for the length of my studies at the Community Colleges of Spokane (CCS). I understand that these documents will not be returned to me.

Signature _____ Date _____

Please email the complete Affidavit and bank documentation to: globalprograms@ccs.spokane.edu.