



## INTERNATIONAL TUITION AND FEES 2022-2023

### 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)	\$10,207
College Fees	\$650
Health Insurance <sup>1</sup>	\$1,143
Books and Supplies	\$1,134
Room and Board <sup>2</sup>	\$7,650
Other Costs <sup>3</sup>	\$885
<b>Estimated Total</b>	<b>\$21,669</b>

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. LowerMark Student Medical Insurance is required for all SFCC/SCC F-1 International students. The cost each quarter (three months) is **\$381.06** for AY 2022-2023 and will be included in your tuition and fee charges upon registration. For important details regarding the medical insurance coverage, please visit: <http://www.lewemark.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)\$
<b>Total</b>	<b>(USD)\$</b>

**SPONSOR(S) SECTION**

<b>FIRST SPONSOR</b>	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

<b>SECOND SPONSOR</b>	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](mailto:globalprograms@ccs.spokane.edu).