



JACOBS FLIGHT SERVICES, LLC

1090 Airglades Blvd • Clewiston, FL 33440 • 1-855-JFS-FLYS

www.JacobsFlightServices.com

Declaration of Finances

You are required to certify that you will have available the sum of \$_____ (US) to pay for my training program.

I, _____, certify that the total amount of money that I have available for my training at Jacobs Flight Services is U.S. \$_____.

If this amount does not total at least \$_____ please explain how you plan to finance your training.

Please indicate your financial support:

Family	U.S.\$ _____
Friends	_____
Your Government	_____
Savings	_____
Other _____	_____
	*TOTAL _____

***MUST PROVIDE A BANK LETTER STATING SAVINGS ACCOUNT TOTAL IN U.S. DOLLARS OR EQUIVALENT.**

The following are estimates of expenses for an International Student:

• Tuition Expense	\$ _____
• Living Expense	\$ _____
	*TOTAL _____

- Transportation is not included in this estimate.
- Tuition costs are determined by the number of training hours attempted and tuition and fees are subject to change.
- There is no housing on campus, but housing is available off campus.
- Health and accident insurance is mandatory. You may show proof of coverage if your insurance is issued from a company or embassy or if you already have commercial insurance and coverage is adequate.

Employment: I am not permitted to work or engage in business unless I have permission to do so from the Immigration and Naturalization Services.

Date: _____

Student's Signature: _____