

Financial Aid Application for International Students

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STANDARD MAIL: Roanoke College Office of Admissions, 221 College Lane, Salem, Virginia 24153 USA

EMAIL: admissions@roanoke.edu or bennett@roanoke.edu

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Please answer all questions that apply to you and your family and convert all currency figures into U.S. dollars (\$) before entering them.

SE(CTION A — STUDENT INFORMATION	N
This	section pertains to the student who is applying f	or aid.
1.	YOUR NAME:	Family (surname) Given (first)
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2.	PERMANENT ADDRESS:	3. EMAIL
4.	MAILING ADDRESS: (if different from above)	5. DATE OF BIRTH day year
6.	PLACE OF BIRTH	7. COUNTRY(IES) OF CITIZENSHIP:
8.	When do you expect to begin your studies at Ro	anoke College?
9.	Your marital status: ☐ Not married ☐ Marrie If married, how many people are financially depe	ndent on you?
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Relationship to you

Name of school or college

Age

Full name of family member

contribution

college

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WARNING: Providing false information may jeopardize a student's visa status and furthermore may result in the College revoking its initial decision to enroll the student.