

INTERNATIONAL STUDENT FINANCIAL AID APPLICATION (ISFAA)

The University of Oklahoma guarantees to cover 100% of financial need for every first-time UWC applicant who is offered first-year (freshmen) admission. The funding is a combination of Davis UWC Scholars Program grants and OU scholarships. Davis Program and OU funding are good for four years (eight fall and spring semesters). Should you have any questions about this form or UWC Davis OU Scholarship please email uwcscholars@ou.edu.

Student NameFirst		Middle					
		Telephone Number					
City	Postal Code	Country	Country code - city code - number				
Citizenship(s)	Birthdate Month	/ Country of Birth					
Birth City	En	nail Address					
,							
SECTION 2: PARE	NT/GUARDIAN INFORMA	ATION					
1. Father/Guardian's Name		Mother/Guardian's Name					
Family (surname)		Family (surname)					
Given (first) Name		Given (first) Name					
Age		Age					
Address		Address					
City, Country, Postal Code		City, Country, Postal Code					
Occupation		Occupation					
Employer		Employer					
(Please report all financial info	·						
	total household income (before taxes or						
Approximately how much of this Father's Work	total household income came from each	Family Business	\$				
Mother's Work	\$	Real Estate Owned by Family	\$				
Sponsor's Work	\$	Pension/Retirement	\$				
Your Work	\$	Other Household Members	\$				
Interest/Dividends	 \$	Other Assets or Earnings	\$				

4. If applicable, please provide information for all family members counted in question 3 above in the following table. Do not include information about yourself.

		2025-26 EDUCATIONAL INFORMAT	ION		
Full Name of Family Member	Age	Name of School or College	Year in School or University	Tuition, Room and Board Fees	Amount of Parents' Contribution
				\$	\$
				\$	\$
				\$	\$

SECTION 2. SOLID	RCES OF FUNDING	1		
			n be paid annually (in USD) to v	ward your educational costs, if a
lease enter the amount from 6	each source listed below.			
	2026-27	2027-28	2028-29	2029-30
Family's Income	\$	\$	\$	\$
Relatives and Friends	\$	\$	\$	\$
Your Government	\$	\$	\$	\$
Agencies and Foundations	\$	\$	\$	\$
Sponsor/Other	\$	\$	\$	\$
-	•	ou are willing, able, and exp	ecting to contribute on be	ehalf of the student for both
ect and indirect expenses.	·		Ü	
ct and indirect expenses.	·			Date/
ct and indirect expenses. ent/Guardian1:	,	x	Signature	
ct and indirect expenses. nt/Guardian1:	,	x	Signature	Date// Month Day Year
ect and indirect expenses. ent/Guardian1: Name ent/Guardian 2	,	x	Signature	Date/
ect and indirect expenses. ent/Guardian1: Name ent/Guardian 2 Name		xx	Signature Signature	Date/ Month Day Year Date/ Month Day Year
ect and indirect expenses. ent/Guardian1: Name ent/Guardian 2 Name gnature of Student: certify that the information	on this form is true, correct	xx	Signature Signature	Date/ Month Day Year Date/ Month Day Year

uwcscholars@ou.edu

For this document to be fully valid: the signatures on this page cannot just be typed out. They either need to be unique electronic signatures or the form needs to be printed-signed-scanned and sent our way (some students have their parents/guardians print out the last page with their signature already there, sign and rescan the document to include both signatures).