



Return directly to the college providing or requesting the statement.

1. YOUR NAME Mr. Ms. Mrs. Miss _____ FAMILY (Surname) FIRST MIDDLE	4a. DATE OF BIRTH MONTH DAY YEAR		EXPECTED VISA TYPE <input type="checkbox"/> Academic or language training (F) <input type="checkbox"/> Non-Academic Vocational (M) <input type="checkbox"/> Exchange visitor (J) <input type="checkbox"/> Immigrant <input type="checkbox"/> Diplomatic or official <input type="checkbox"/> Other (Specify.)
	b. PLACE OF BIRTH		
2. PERMANENT ADDRESS _____	c. COUNTRY OF CITIZENSHIP		
3. MAILING ADDRESS _____ (if different from your permanent address)			

Enter amounts in US dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary. **OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS**

STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT	PROJECTED SUPPORT				This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.
		FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR	
PERSONAL OR FAMILY SAVINGS NAME OF BANK _____ A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.					SIGNATURE OF BANK OFFICIAL _____ TITLE _____ NAME OF BANK _____ ADDRESS OF BANK _____ DATE _____	
PARENTS Money available from sources other than savings. NAME _____ NAME _____ Please explain source:					Parent's signature is required. SIGNATURE OF PARENT _____ ADDRESS _____ DATE _____	
SPONSORS Money available from sources other than parents. NAME _____ NAME _____ Please explain source:					Sponsor's signature is required. SIGNATURE OF GUARANTOR _____ SPONSOR ADDRESS _____ RELATIONSHIP OF GUARANTOR TO STUDENT _____ DATE _____	
YOUR GOVERNMENT NAME OF AGENCY _____ Enclose with this form a signed copy of your letter of award.					• What is the total amount of money you expect to have when you arrive at this institution? ..... US\$ _____ • Do you plan to remain in the U.S. during the summer? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO • If remaining in the U.S., do you plan to attend summer school? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>TOTAL</b> ▶ \$	\$	\$	\$	\$		

• What is the present exchange rate of your country's currency to the US dollar (for example, 20 pesos = \$1)? ..... = \$1

• Does your government currently impose restrictions on exchange and release of funds for study in the U.S.?  YES  NO  
If YES, describe restrictions: \_\_\_\_\_

• Do you have a source for emergency funds once you arrive in the U.S.? .....  YES  NO  
If YES, name source: \_\_\_\_\_ Amount available in US dollars \_\_\_\_\_

• Who will pay for your transportation to the U.S.? \_\_\_\_\_

• What are the sources and amounts of support available to you during the summer? AMOUNT  
SOURCES: \_\_\_\_\_ US\$ \_\_\_\_\_  
\_\_\_\_\_ US\$ \_\_\_\_\_  
\_\_\_\_\_ US\$ \_\_\_\_\_

A CERTIFICATE OF ELIGIBILITY (I-20 or IAP-66) will not be authorized until this form is completed and returned to the institution to which you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. Consul to obtain a visa.

I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility.

SIGNATURE OF COLLEGE OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_  
NAME OF INSTITUTION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_