

<p>1. YOUR NAME Mr. Ms. Mrs. Miss _____ FAMILY (surname) GIVEN (first) MIDDLE (Circle one)</p> <p>2. PERMANENT ADDRESS _____ _____</p> <p>3. MAILING ADDRESS (If different from above) _____ _____</p>	<p>4. DATE OF BIRTH</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH</td> <td style="width:33%;">DAY</td> <td style="width:33%;">YEAR</td> </tr> </table> <p>5. PLACE OF BIRTH (country) _____</p> <p>6. COUNTRY OF CITIZENSHIP _____</p>	MONTH	DAY	YEAR	<p>7. EXPECTED VISA TYPE</p> <p><input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> J-1 <input type="checkbox"/> J-2 <input type="checkbox"/> G-1 <input type="checkbox"/> G-2 <input type="checkbox"/> G-3 <input type="checkbox"/> G-4 <input type="checkbox"/> H Other (specify) _____</p>
MONTH	DAY	YEAR			

8. Enter the expected amount of annual support from the sources listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.

STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT	PROJECTED SUPPORT			
	2019-20	2020-21	2021-22	2023-23	
8a. 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.					
8b. PARENTS					
Money available from sources other than savings. FATHER'S NAME _____ MOTHER'S NAME _____ Please describe the source: _____					
8c. SPONSORS					
Money available from sources other than parents. SPONSOR'S NAME _____ SPONSOR'S NAME _____ Please describe the source: _____					
8d. YOUR GOVERNMENT					
NAME OF AGENCY _____ Enclose a signed copy of your letter of award with this form.					
TOTAL	\$	\$	\$	\$	

9. OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

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.

SIGNATURE OF BANK OFFICIAL _____

TITLE _____

NAME OF BANK _____

ADDRESS OF BANK _____

DATE _____

Parent's signature is required (see certification statement above).

SIGNATURE OF PARENT _____

ADDRESS _____

DATE _____

Sponsor's signature is required (see certification statement above).

SIGNATURE OF SPONSOR _____

ADDRESS _____

RELATIONSHIP OF SPONSOR TO STUDENT _____

DATE _____

10. What is the present exchange rate of your country's currency to the U.S. dollar (for example, 3,100 pesos = \$1)? _____ = \$1

11. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? Yes No **If YES, describe restrictions.** _____

12. Do you have a source for emergency funds once you arrive in the U.S.? Yes No **If YES, name source.** _____
 Amount available in U.S. dollars \$ _____

13. How will you pay for your transportation to the U.S.? _____

14. What is the total amount of money you expect to have when you arrive at this institution? U.S. \$ _____

15. Do you plan to remain in the U.S. during the summer? Yes No

16. If remaining in the U.S., do you plan to attend summer school? Yes No

17. What are the sources and amounts of support available to you during the summer? AMOUNT

SOURCES: _____ U.S. \$ _____
 _____ U.S. \$ _____
 _____ U.S. \$ _____
 _____ U.S. \$ _____

18. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) 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 _____

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

FOR OFFICE USE ONLY

SIGNATURE OF COLLEGE OFFICIAL _____ TITLE _____

NAME OF INSTITUTION _____

ADDRESS _____ DATE _____