

<p><b>1. YOUR NAME</b> Mr. Ms. Mrs. Miss _____  <small>(Circle one)</small> FAMILY (surname) GIVEN (first) MIDDLE</p> <p><b>2. PERMANENT ADDRESS</b> _____          _____</p> <p><b>3. MAILING ADDRESS</b> (If different from above) _____          _____</p>	<p><b>4. DATE OF BIRTH</b></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><b>5. PLACE OF BIRTH</b> (country) _____</p> <p><b>6. COUNTRY OF CITIZENSHIP</b> _____</p>	MONTH _____	DAY _____	YEAR _____	<p><b>7. EXPECTED VISA TYPE</b></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			
	2025-26	2026-27	2027-28	2028-29	
<b>8a. PERSONAL OR FAMILY SAVINGS</b>					
NAME OF BANK _____  <b>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.</b>					
<b>8b. PARENTS</b>					
<b>Money available from sources other than savings.</b>  FATHER'S NAME _____  MOTHER'S NAME _____ <b>Please describe the source:</b> _____					
<b>8c. SPONSORS</b>					
<b>Money available from sources other than parents.</b>  SPONSOR'S NAME _____  SPONSOR'S NAME _____ <b>Please describe the source:</b> _____					
<b>8d. YOUR GOVERNMENT</b>					
NAME OF AGENCY _____  <b>Enclose a signed copy of your letter of award with this form.</b>					
<b>TOTAL</b>	\$	\$	\$	\$	

**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 \_\_\_\_\_