





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	
	2024-25	2025-26	2026-27	2027-28
<b>8a. Personal or Family Saving</b>				
	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00
Name of Bank				

Signature of Bank Official \_\_\_\_\_  
 Title \_\_\_\_\_  
 Name of Bank \_\_\_\_\_  
 Address of Bank \_\_\_\_\_

Date \_\_\_\_\_

**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.

**8b. Parents (Money available from sources other than savings.)**

Parent's Name

\$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00

Relationship

Parent's Name

\$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00

Relationship

Please describe the source:

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

**Address**

**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.

**8c. Sponsors (Money available from sources other than parents.)**

Sponsor's Name

\$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00

Sponsor's Name

\$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00

Please describe the source:

Signature of Sponsor \_\_\_\_\_

Date \_\_\_\_\_

**Address**

**Relationship of Sponsor to Student**

**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.

**8d. Your Government**

Name of Agency

\$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00

Enclose a signed copy of your letter of award with this form.

**TOTAL**    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00    \$ \_\_\_\_\_ .00

9. What is the present exchange rate of your country's currency to the U.S. dollar?  
(for example, 3,100 pesos = \$1)
- \_\_\_\_\_ = \$1
10. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.?
- Yes  No
- If YES, describe restrictions.
- \_\_\_\_\_
11. 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

\$ \_\_\_\_\_ .00

12. How will you pay for your transportation to the U.S.?
- \_\_\_\_\_

13. What is the total amount of money you expect to have when you arrive at this institution? \$ \_\_\_\_\_ .00

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

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

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

Sources	Amount
_____	U.S. \$ _____ .00
_____	U.S. \$ _____ .00
_____	U.S. \$ _____ .00
_____	U.S. \$ _____ .00

17. 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.

Signature of Student \_\_\_\_\_

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.

Date

Day Month Year

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 \_\_\_\_\_