

# FRANCISCAN UNIVERSITY OF STEUBENVILLE

## International Student Certification of Finances



1. Name (family/surname, first/given)	4. Date of Birth (month/day/year)	7. Expected Visa Type <input type="checkbox"/> Academic or language training (F)  <input type="checkbox"/> Diplomatic or official (A or G)  <input type="checkbox"/> Other (Specify) _____
2. Mailing Address	5. Country of Citizenship	
3. Email Address	6. FAX # (include country code)	

8. Enter the expected amount of annual support from the sources listed below. <b>Enter amounts in U.S. Dollars.</b> Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.					<b>9. OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS</b>	
<b>STUDENT'S SOURCES OF FUNDS</b>	<b>ASSURED SUPPORT</b>	<b>PROJECTED SUPPORT</b>			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.	
	Year 1	Year 2	Year 3	Year 4		
8a. PERSONAL OR FAMILY SAVINGS					SIGNATURE OF BANK OFFICIAL _____ TITLE _____ NAME OF BANK _____ ADDRESS OF BANK _____ DATE _____	
_____ 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					Parent's signature is required (see certification statement above) SIGNATURE OF PARENT _____ ADDRESS _____ DATE _____	
Money available from sources other than savings. _____ Father's Name _____ Mother's Name Please describe the source: _____						
8c. SPONSORS					Sponsor's signature is required (see certification statement above) SIGNATURE OF SPONSOR _____ ADDRESS _____ RELATIONSHIP OF SPONSOR TO STUDENT _____ DATE _____	
Money available from sources other than savings. _____ Sponsor's Name _____ Sponsor's Name Please describe the source: _____						
8d. YOUR GOVERNMENT					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? <input type="checkbox"/> Yes <input type="checkbox"/> No 16. If remaining in the U.S., do you plan to attend summer school?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 17. What are the sources and amounts of support available to you during the summer? SOURCES: _____ AMOUNT U.S.\$ _____ _____ U.S.\$ _____ _____ U.S.\$ _____ _____ U.S.\$ _____	
_____ Name of Agency Enclose with this form a signed copy of your letter of award.						
<b>TOTAL</b>	\$	\$	\$	\$		
10. What is the present exchange rate of your country's currency to the U.S. dollar (for example, 3100 pesos = \$1) ?..... = \$1 <b>(Please enter above amounts in US dollars)</b>						
11. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, describe restriction.</b> _____						
12. Do you have a source for emergency funds once you arrive in the U.S.?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, name source.</b> _____ Amount available in U.S. dollars \$ _____						

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 \_\_\_\_\_