

Certification of Finances Form

PERSONAL INFORMATION:

Your name: _____
Family/Surname Given/First Middle

Permanent address: _____

Mailing address: _____

Date of Birth: Month _____ Day _____ Year _____

Country of Birth: _____ Country of Citizenship: _____

Number of children: _____ How many will accompany you to the USA? _____

How will you support your dependents if they accompany you to the USA?

FINANCIAL INFORMATION:

What is the present exchange rate of your country's currency to the US dollar? 1 US\$ = _____

Does your government impose any restrictions on exchange and release of funds for study in the USA?

(circle one) Yes No

If yes, describe: _____

Do you have a source of emergency funds in the USA or another country? (circle one) Yes No

If yes, name of source: _____ Amount: \$ _____

What is the total amount of money you expect to have when you arrive at the College of St. Catherine?

\$ _____

**A CERTIFICATE OF ELIGIBILITY (I-20) WILL NOT BE AUTHORIZED
UNTIL PAGE 1 AND 2 OF THIS FORM ARE COMPLETED IN FULL
AND RETURNED TO
THE COLLEGE OF ST. CATHERINE.**

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STUDENT SOURCES OF FUNDS

| Source | Supporting Documentation Required | Assured Support 1 st Year | Projected Support 2 nd Year | Projected Support 3 rd Year | Projected Support 4 th Year |
|--|--|--------------------------------------|--|--|--|
| Personal Savings: | Original letter from bank on official bank letterhead indicating available funds, or original bank statement no older than 6 months showing funds for student's expenses | \$ | \$ | \$ | \$ |
| Parents: (please print name of each) _____ | Original bank statement no older than 6 months showing funds for student's expenses | \$ | \$ | \$ | \$ |
| Loans: (print name of lending institution) | Original, official letter of certification from lending institution including amount of loan. | \$ | \$ | \$ | \$ |
| Sponsor #1: (please print name of sponsor) | Original letter of guarantee from sponsor with sponsor's original signature and original bank statement no older than 6 months showing funds for student's expenses | \$ | \$ | \$ | \$ |
| Sponsor #2: (print name of sponsor) _____ | Original letter of guarantee from sponsor with sponsor's original signature and original bank statement no older than 6 months showing funds for student's expenses | \$ | \$ | \$ | \$ |
| Your government: _____ | Original, official letter confirming amount and type of financial aid | \$ | \$ | \$ | \$ |
| Other: (print source of funds) _____ | Original, official letter confirming amount and type of financial aid | \$ | \$ | \$ | \$ |
| TOTALS | | \$ | \$ | \$ | \$ |

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**

Signature of Parent /Guardian **Date**

Signature of Sponsor #1 **Date**

Signature of Sponsor #2 **Date**