



**ST. CATHERINE  
UNIVERSITY**

**Office of International Admission**  
2004 Randolph Avenue, F-29  
St. Paul, MN 55105 USA  
tel 1.651.690.6029  
fax 1.651.690.8824

## 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 St. Catherine University?

\$ \_\_\_\_\_

**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  
ST. CATHERINE UNIVERSITY.**

**Please turn over to complete Page 2**

**St. Catherine University - Certification of Finances**  
**Page 2**

**STUDENT SOURCES OF FUNDS**

Source	Supporting Documentation Required	Assured Support 1 <sup>st</sup> Year	Projected Support 2 <sup>nd</sup> Year	Projected Support 3 <sup>rd</sup> Year	Projected Support 4 <sup>th</sup> 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