

## 2022-2023 International Student Certification of Finances Guidelines

Please read prior to completing this form.

The purpose of the *Certification of Finances* is to help colleges and universities obtain complete and accurate information about the funds available to international applicants who want to study in the United States. Strict government regulations, rising educational costs, and economic conditions have made verification of financial resources of international applicants essential. Institutions do not have the option of deciding whether or not to verify the financial resources of their international applications; financial verification must be made prior to institutional issuance of Certificates of Eligibility (Form I-20 or IAP-66).

This form is designed to standardize financial information provided by applicants to colleges, universities, and United States consuls. By completing and returning this form to the college/university requiring it, an applicant, if admitted, may obtain that college's authorization and issuance of Eligibility (Form I-20 or IAP-66). If parents and/or sponsors are unable to obtain a bank official's verification, it is recommended that institutions forward a copy of the International Student Financial Aid Application to the family for completion. The institution should attach a copy of this *Certification* to the Certificate of Eligibility. United States consuls scrutinize the statements of financial resources given by nonimmigrant visa applicants. This *Certification* will help officials make their decisions and expedite visa issuance.

## Return this form directly to the college that provided or requested it. Do not send it to the College Board.

The space below is for optional use by issuing institutions for listing student's expected annual budget.

| 5   | CARTHAGE<br>COLLEGE |
|-----|---------------------|
| L W | COLLEGE             |

Return directly to the college providing or requesting this statement.

## INTERNATIONAL STUDENT CERTIFICATION OF FINANCES 2022-2023

|                                                                                                                                          |                                                  |                                                             |                                  |                           | nis statement.   |                                                                                                                             |                                                                                                   |                              |                                 | CONFIDENTIAL                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|----------------------------------|---------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|--------------------------------------------------------------------|--|
| 4 1/01/10                                                                                                                                | Mr.                                              |                                                             |                                  |                           |                  |                                                                                                                             | 4. DATE                                                                                           | OF BIRTH                     | 7. EXPECTED VISA TYPE           |                                                                    |  |
| ALAAAT IVIN                                                                                                                              | s                                                |                                                             |                                  |                           |                  |                                                                                                                             | MONTH                                                                                             | DAY                          | YEAR                            | Academic or language training (F)                                  |  |
| Mis<br>2. PERMANENT<br>ADDRESS —                                                                                                         | ss Fami                                          | LY (Surname)                                                | Gľ                               | ven (First)               | MID              | DLE                                                                                                                         | 5. PLACE OF BIRTH (country)         □ Nonacademic vocational (M)           □ Exchange visitor (J) |                              |                                 |                                                                    |  |
| 3. MAILING                                                                                                                               |                                                  |                                                             |                                  |                           |                  |                                                                                                                             |                                                                                                   |                              |                                 | <ul> <li>Immigrant (PR)</li> <li>Diplomatic or official</li> </ul> |  |
| ADDRESS —<br>(If different<br>from above) —                                                                                              |                                                  |                                                             |                                  |                           |                  |                                                                                                                             | 6. COUN                                                                                           | TRY OF CIT                   | FIZENSHIP                       | (A or G)<br>Other (Specify)                                        |  |
|                                                                                                                                          |                                                  | n additional sheet of paper for explanations, if necessary. |                                  |                           |                  |                                                                                                                             |                                                                                                   |                              |                                 | S OF FUNDS AND AMOUNTS<br>lion furnished by the applicant          |  |
| STUDENT'S SOURCES OF FUNDS                                                                                                               |                                                  | ASSURED<br>SUPPORT                                          | PROJECTED SUPPORT                |                           |                  | on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated. |                                                                                                   |                              |                                 |                                                                    |  |
| • • • • • • • • • • • • • • • • • • • •                                                                                                  |                                                  | 2021-2022                                                   | 2022-2023                        | 2023-2024                 | 2024-2025        | SIGNATURE OF<br>BANK OFFICIAL                                                                                               |                                                                                                   |                              |                                 |                                                                    |  |
| 8a. PERSONAL OR FAI                                                                                                                      | MILY SAVINGS                                     |                                                             |                                  |                           |                  |                                                                                                                             |                                                                                                   |                              |                                 |                                                                    |  |
| NAME OF I                                                                                                                                | BANK                                             |                                                             |                                  |                           |                  |                                                                                                                             |                                                                                                   |                              |                                 |                                                                    |  |
|                                                                                                                                          | ·····                                            |                                                             |                                  |                           |                  | NAME OF BANK                                                                                                                |                                                                                                   |                              |                                 |                                                                    |  |
| A bank official's signature is required on<br>the certification if the student is partially<br>or totally supported by personal savings. |                                                  |                                                             |                                  |                           |                  | ADDRE<br>OF BAN                                                                                                             |                                                                                                   |                              |                                 | DATE                                                               |  |
| 8b. PARENTS                                                                                                                              | 3                                                |                                                             |                                  |                           |                  | Dement                                                                                                                      | !                                                                                                 |                              | (                               |                                                                    |  |
| Money available from sources<br>other than savings.                                                                                      |                                                  |                                                             |                                  |                           |                  |                                                                                                                             | s signature<br>TURE OF                                                                            | is required                  | (see cerunca                    | ation statement above).                                            |  |
| FATHER'S I                                                                                                                               | NAME                                             |                                                             |                                  |                           |                  |                                                                                                                             |                                                                                                   |                              |                                 |                                                                    |  |
| MOTHER'S                                                                                                                                 | NAME                                             |                                                             |                                  |                           |                  | ADDRE                                                                                                                       | SS                                                                                                |                              |                                 |                                                                    |  |
| Please describe                                                                                                                          | the source:                                      |                                                             |                                  |                           |                  |                                                                                                                             |                                                                                                   |                              |                                 | DATE                                                               |  |
| 8c. SPONSOR                                                                                                                              | IS                                               |                                                             |                                  |                           |                  | Sponse                                                                                                                      | or's signatu                                                                                      | re is require                | ed (see cerlif                  | ication statement above).                                          |  |
| Money available fro<br>other than parents.                                                                                               |                                                  |                                                             |                                  |                           |                  | URE OF                                                                                                                      |                                                                                                   |                              |                                 |                                                                    |  |
| SPONSOR'S                                                                                                                                | NAME                                             |                                                             |                                  |                           |                  | ADDRE                                                                                                                       | SS                                                                                                |                              |                                 |                                                                    |  |
| SPONSOR'S NAME<br>Please describe the source:                                                                                            |                                                  |                                                             |                                  |                           |                  | RELATI<br>SPONS                                                                                                             | ONSHIP OF<br>OR TO STU                                                                            | IDENT                        |                                 |                                                                    |  |
|                                                                                                                                          |                                                  |                                                             |                                  |                           |                  |                                                                                                                             |                                                                                                   |                              |                                 | DATE                                                               |  |
| 8d. YOUR GOVERN                                                                                                                          | IMENT                                            |                                                             |                                  |                           |                  | <b>13.</b> Ho                                                                                                               | w will you pa                                                                                     | y for your tra               | ansportation                    | to the U.S.?                                                       |  |
| NAME OF AGENCY<br>Enclose with this form a signed copy<br>of your letter of award.                                                       |                                                  |                                                             |                                  |                           |                  | 14. Wr<br>to I                                                                                                              | nat is the tota<br>nave when y                                                                    | al amount of<br>ou arrive at | money you e<br>this institution | expect<br>n? U.S. \$                                               |  |
|                                                                                                                                          |                                                  | ¢                                                           | \$                               | e                         | ¢                |                                                                                                                             |                                                                                                   |                              |                                 | the summer? □Yes □No                                               |  |
|                                                                                                                                          |                                                  | \$                                                          | φ                                | \$                        | \$               |                                                                                                                             |                                                                                                   |                              | you plan lo a                   | atlend<br>□ Yes □ No                                               |  |
| <ol> <li>What is the present<br/>currency to the U.S.</li> </ol>                                                                         | exchange rate of you dollar (for example,        | ur country's<br>3100 pesos = \$                             | 1)?                              | · · · · · · · · ·         | = \$1            |                                                                                                                             | hat are the so<br>ailable to you                                                                  |                              | amounts of si<br>summer?        | upport<br>AMOUNT                                                   |  |
| 11. Does your governme<br>study in the U.S.?                                                                                             | ]Yes 🗌 No                                        |                                                             | ů.                               |                           |                  |                                                                                                                             | ,                                                                                                 | •                            |                                 | U.S.\$                                                             |  |
| If YES, describe res                                                                                                                     | strictions.                                      |                                                             |                                  |                           |                  | •                                                                                                                           |                                                                                                   |                              |                                 | U.S.\$                                                             |  |
| 12. Do you have a source for emergency funds once you arrive in the U.S.?                                                                |                                                  |                                                             |                                  |                           |                  |                                                                                                                             |                                                                                                   |                              |                                 | U.S.\$                                                             |  |
|                                                                                                                                          |                                                  |                                                             |                                  |                           | ırs \$           | -                                                                                                                           |                                                                                                   |                              |                                 | U.S. \$                                                            |  |
| 18. A CERTIFICATE OF<br>this form is complete<br>The institution will att                                                                | ed and returned to th<br>tach a copy of this for | ne institution to v<br>m to your CERT                       | which you are a<br>IFICATE OF EL | ipplying. m<br>IGIBILITY. | isrepresentation | n may be                                                                                                                    | cause for re                                                                                      | fusing or rev                | oking admis                     |                                                                    |  |
| Both the form and ce                                                                                                                     | enincate must be show                            | wn Io the U.S. C                                            | onsul to obtain a                | avisa. S                  |                  |                                                                                                                             |                                                                                                   |                              |                                 | DATE                                                               |  |
| This is to certify that I hav<br>declaration and attached                                                                                | documents, if                                    | FOR OFFICE USE ONLY SIGNATURE OF COLLEGE OFFICIAL           |                                  |                           |                  |                                                                                                                             |                                                                                                   |                              |                                 |                                                                    |  |
| appropriate, and approve<br>Certificate of Eligibility                                                                                   |                                                  |                                                             |                                  |                           |                  |                                                                                                                             |                                                                                                   |                              |                                 |                                                                    |  |
|                                                                                                                                          |                                                  | ADDRESS DATE                                                |                                  |                           |                  |                                                                                                                             |                                                                                                   |                              |                                 |                                                                    |  |

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