# Certification of Finances Form

Please submit this completed form to the address below.

This Certification of Finances Form is intended to provide Westfield State University with information regarding funds available to an international applicant, more specifically, to verify that the student has access to sufficient financial resources to attend the University. This form is required by the U.S. Citizenship and Immigration Services (USCIS) and must be completed to be valid. A Certificate of Eligibility (I-20) will not be issued until this form is completed and returned to the University. No other form may be used as a substitute. In addition to this form, all students must submit a bank statement.

Westfield State University requires that all  $F_1$  and  $J_1$  visa status applicants provide verification of finances in the amount of \$31,000 (U.S. Dollars) or greater through any combination of personal or sponsored funding. Some programs may require additional funds. This amount is the estimated total tuition and expenses for one year of academic study.

- If you, the student, will provide funding from personal funds, a bank letter with sufficient funding for at least one year's total cost is required, along with this form. The bank letter must be in English and clearly detail the account owner and available funds.
- If a family member or other personal sponsor will provide funding, a bank letter with sufficient funding for at least one year's total cost is required, along with this form verifying sponsorship. The bank letter must be in English and clearly detail the account owner and available funds.
- If an employer, government, or organization will provide funding, a signed financial guarantee letter from the sponsor detailing amounts and length of sponsorship is required. This form can accompany the guarantee letter from the sponsor, but not replace it.

All personal bank and sponsor letters must be dated within six months from the date of application to the University. Please understand that you are responsible for all payments to the University.

SIGNATURE OF STUDENT				
APPLICANT'S NAME				
LAST/FAMILY		FIRST/GIVEN		MIDDLE
PERSONAL INFORMATION				
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	COUNTRY
MAILING ADDRESS (IF DIFFERENT) CIT	ΓΥ	STATE	ZIP CODE	COUNTRY
INTERNATIONAL ADDRESS				
E-MAIL ADDRESS		HOME TELEPHONE		
/				
DATE OF BIRTH	F BIRTH COUNTRY OF CITIZENSHIP			·

#### **SEND APPLICATION MATERIALS TO:**

College of Graduate and Continuing Education Westfield State University P.O. Box 1630 Westfield, MA 01086-1630 Phone: (413) 572-8020 Fax: (413) 572-5227



# **SOURCES OF FUNDS**

Enter the expected amount of annual support from the sources listed below in U.S. dollars (USD).

#### **PERSONAL OR FAMILY SAVINGS**

A bank official's signature is required if the student is partially or totally supported by personal savir	A bar	nk official's	s signature is	required if the	student is	partially	or totally s	supported by r	personal saving
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BANK	ACCOUNT HOLDER	Į.	AMOUNT (USD)
PARENTS			
This includes money available from	a sources other than personal or family savings.		
FATUED		AAAOUNT (UCD)	
FATHER		AMOUNT (USD)	
MOTHER		AMOUNT (USD)	
		, (CC2,	
PLEASE DESCRIBE THE SOURCE(S)			
SPONSORS			
This includes money available from	a sources other than parents.		
SPONSOR		AMOUNT (USD)	
SPONSOR		AAAOUNT (UCD)	
SPONSOR		AMOUNT (USD)	
PLEASE DESCRIBE THE SOURCE(S)			
YOUR GOVERNMENT			
Enclose a signed copy of your letter	of award.		
AGENCY		AMOUNT (USD)	
		TOTAL (USD)	

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DO YOU HAVE A SOURCE FOR EMERGENCY FUNDS? IF YES, NAME THE	SOURCE AND AMOUNT IN U.S. DOLLARS (USD).
HOW WILL YOU PAY FOR YOUR TRANSPORTATION TO THE U.S.?	
	C. O. LANGUATIVES
OFFICIAL CERTIFICATION OF SOURCES OF FUNDS	
This is to certify that I have read the information furnished by the a the funds are available and will be provided as indicated.	applicant on this form, that it is a true and accurate statement, and that
the funds are available and will be provided as indicated.	
PERSONAL OR FAMILY SAVINGS	
	/ /
SIGNATURE OF BANK OFFICIAL	DATE
TITLE OF BANK OFFICIAL	
NAME OF BANK	ADDRESS OF BANK
PARENTS	
PARENTS	
SIGNATURE OF PARENT(S)	/
SIGNATURE OF PARENT(S)	DATE
ADDRESS OF PARENT(S)	
SPONSORS	
	/ /
SIGNATURE OF SPONSOR(S)	DATE
RELATIONSHIP OF SPONSOR(S) TO STUDENT	

## **SEND APPLICATION MATERIALS TO:**

ADDRESS OF SPONSOR(S)

College of Graduate and Continuing Education Westfield State University P.O. Box 1630 Westfield, MA 01086-1630 Phone: (413) 572-8020 Fax: (413) 572-5227

