

# Point University

## INTERNATIONAL CERTIFICATE OF FINANCES

**This document is to be returned with original signatures and notarized by your bank. We will not accept copies or scans, but suggest you keep copies for your personal files.**

There are **18 sections** that must be completed if they apply to your situation.

1. **Print** your name clearly and accurately.
2. **Print** your permanent address so that the street, city, province, country, and postal code can be clearly identified.
3. If you have a mailing address that is different from your permanent address, **print** it here.
4. Your **date of birth**. ***Make sure this is the same date that is recorded on your passport and your application to Point University.***
5. Your **country of birth**.
6. Your **country of citizenship**.
7. Check the first box: **F-1**. That is a Student Visa.
8. **8a-d require specific on your sources of funding.** There are blanks for your personal funds, parents, and sponsors to report the amount of money that can be counted on to pay your expenses while in the U.S. You must list the amount of money you can *guarantee* for the first year's expenses. Then please list the projected support you will have for the following years required to obtain your degree. All blanks must be filled if support is being given by the source listed at the left.  
**8d:** If the government of your country has a grant or award for students studying abroad, please fill in the name of the agency and ***include a signed copy of your award letter from that governmental agency.*** This has to be reported to SEVIS.
9. Here you are required to obtain official certification or notarization of funding from the bank. (The bank officer ***must*** sign this portion and **a copy of the most recent bank statements of each financial provider must also be included with this form.**) The signature of parent and signature of sponsor are also required. If you have a sponsor other than your parents, ***you will also be asked to fill out the Sponsor Affidavit of Financial Support*** to be included in this package to mail to Point.
10. Please fill this in with the **current rate on the date you fill out the form.**
11. This is a **Yes/No** question with explanation.
12. Check **Yes/No** and give the **name of your emergency fund source** and **amount** of funds available.
13. This can be **parent, self** or **sponsor**.
14. Give **specific amount**.
15. You can say **Yes** if there is a possibility you may stay to attend summer school or travel within the US, **but if** you know that you will always go home in the summers, check **No**.
16. If summer school is a maybe, you can check **Yes**.
17. These **may be the same sources** as you list for other funding.
18. You are signing your name saying you are telling the truth.

|  |   |       |     |      |   |
|--|---|-------|-----|------|---|
| <p><b>1. YOUR NAME</b> Mr. _____<br/>Ms. _____<br/>Mrs. _____<br/>Miss _____ FAMILY (surname) GIVEN (first) MIDDLE<br/><small>(Circle one)</small></p> <p><b>2. PERMANENT ADDRESS</b> _____<br/>_____</p> <p><b>3. MAILING ADDRESS</b> _____<br/>(If different from above)</p> | <p><b>4. DATE OF BIRTH</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> </table> <p><b>5. PLACE OF BIRTH (country)</b> _____</p> <p><b>6. COUNTRY OF CITIZENSHIP</b> _____</p> | MONTH | DAY | YEAR | <p><b>7. EXPECTED VISA TYPE</b></p> <p><input type="checkbox"/> F-1<br/><input type="checkbox"/> F-2<br/><input type="checkbox"/> J-1<br/><input type="checkbox"/> J-2<br/><input type="checkbox"/> G-1<br/><input type="checkbox"/> G-2<br/><input type="checkbox"/> G-3<br/><input type="checkbox"/> G-4<br/><input type="checkbox"/> H<br/>Other (specify) _____</p> |
| MONTH  | DAY   | YEAR  |     |      |   |

**8.** Enter the expected amount of annual support from the sources listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.

| STUDENT'S SOURCES OF FUNDS   | ASSURED SUPPORT | PROJECTED SUPPORT |         |         |  | 9. OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS   |
|--|-----------------|-------------------|---------|---------|--|---|
|  | 2014-15         | 2015-16           | 2016-17 | 2017-18 |  |   |
| <b>8a. PERSONAL OR FAMILY SAVINGS</b>  |                 |                   |         |         |  | <p>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.</p> <p>SIGNATURE OF BANK OFFICIAL _____</p> <p>TITLE _____</p> <p>NAME OF BANK _____</p> <p>ADDRESS OF BANK _____</p> <p>DATE _____</p>   |
| <p>NAME OF BANK _____</p> <p><b>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.</b></p> |                 |                   |         |         |  |   |
| <b>8b. PARENTS</b>   |                 |                   |         |         |  | <p><b>Parent's signature is required</b> (see certification statement above).</p> <p>SIGNATURE OF PARENT _____</p> <p>ADDRESS _____</p> <p>DATE _____</p>   |
| <p><b>Money available from sources other than savings.</b></p> <p>FATHER'S NAME _____</p> <p>MOTHER'S NAME _____</p> <p><b>Please describe the source:</b> _____</p>       |                 |                   |         |         |  |   |
| <b>8c. SPONSORS</b>  |                 |                   |         |         |  | <p><b>Sponsor's signature is required</b> (see certification statement above).</p> <p>SIGNATURE OF SPONSOR _____</p> <p>ADDRESS _____</p> <p>RELATIONSHIP OF SPONSOR TO STUDENT _____</p> <p>DATE _____</p>   |
| <p><b>Money available from sources other than parents.</b></p> <p>SPONSOR'S NAME _____</p> <p>SPONSOR'S NAME _____</p> <p><b>Please describe the source:</b> _____</p>     |                 |                   |         |         |  |   |
| <b>8d. YOUR GOVERNMENT</b>   |                 |                   |         |         |  | <p><b>13.</b> How will you pay for your transportation to the U.S.? _____</p> <p><b>14.</b> What is the total amount of money you expect to have when you arrive at this institution? . . . U.S. \$ _____</p> <p><b>15.</b> Do you plan to remain in the U.S. during the summer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>16.</b> If remaining in the U.S., do you plan to attend summer school? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>17.</b> What are the sources and amounts of support available to you during the summer? AMOUNT</p> <p>SOURCES: _____ U.S. \$ _____</p> <p>_____ U.S. \$ _____</p> <p>_____ U.S. \$ _____</p> <p>_____ U.S. \$ _____</p> |
| <p>NAME OF AGENCY _____</p> <p><b>Enclose a signed copy of your letter of award with this form.</b></p>  |                 |                   |         |         |  |   |
| <b>TOTAL &gt;</b>  | \$              | \$                | \$      | \$      |  |   |

**10.** What is the present exchange rate of your country's currency to the U.S. dollar (for example, 3,100 pesos = \$1)? . . . . . \_\_\_\_\_ = \$1

**11.** Does your government currently impose restrictions on exchange and release of funds for study in the U.S.?  Yes  No **If YES, describe restrictions.** \_\_\_\_\_

**12.** Do you have a source for emergency funds once you arrive in the U.S.? . . . . .  Yes  No **If YES, name source.** \_\_\_\_\_  
Amount available \_\_\_\_\_ in U.S. dollars \$ \_\_\_\_\_

**18.** A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) will not be authorized until this form is completed and returned to the institution to which you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. consul to obtain a visa.

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 \_\_\_\_\_

**FOR OFFICE USE ONLY**

SIGNATURE OF COLLEGE OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_

NAME OF INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_