

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 \$25,000 (U.S. Dollars) or greater through any combination of personal or sponsored funding. 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) CITY

STATE

ZIP CODE

COUNTRY

INTERNATIONAL ADDRESS

E-MAIL ADDRESS

HOME TELEPHONE

DATE OF BIRTH

COUNTRY OF CITIZENSHIP

SEND APPLICATION MATERIALS TO:

Admission Office
Westfield State University
P.O. Box 1630
Westfield, MA 01086-1630
Phone: (413) 572-5218, ext. 4
Fax: (413) 579-3019

Westfield
STATE UNIVERSITY

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

SOURCES OF FUNDS

PERSONAL OR FAMILY SAVINGS

A bank official's signature is required if the student is partially or totally supported by personal savings.

BANK	ACCOUNT HOLDER	AMOUNT (USD):
------	----------------	---------------

PARENTS

This includes money available from sources other than personal or family savings.

FATHER	AMOUNT (USD)
--------	--------------

MOTHER	AMOUNT (USD):
--------	---------------

PLEASE DESCRIBE THE SOURCE(S)

SPONSORS

This includes money available from sources other than parents.

SPONSOR	AMOUNT (USD)
---------	--------------

SPONSOR	AMOUNT (USD):
---------	---------------

PLEASE DESCRIBE THE SOURCE(S)

YOUR GOVERNMENT

Enclose a signed copy of your letter of award.

AGENCY	AMOUNT (USD)
--------	--------------

TOTAL (USD)

SEND APPLICATION MATERIALS TO:

Admission Office
Westfield State University
P.O. Box 1630
Westfield, MA 01086-1630
Phone: (413) 572-5218, ext. 4
Fax: (413) 579-3019



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.?

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS & AMOUNTS

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.

PERSONAL OR FAMILY SAVINGS

_____/_____/_____
SIGNATURE OF BANK OFFICIAL DATE

TITLE OF BANK OFFICIAL

NAME OF BANK ADDRESS OF BANK

PARENTS

_____/_____/_____
SIGNATURE OF PARENT(S) DATE

ADDRESS OF PARENT(S)

SPONSORS

_____/_____/_____
SIGNATURE OF SPONSOR(S) DATE

RELATIONSHIP OF SPONSOR(S) TO STUDENT

ADDRESS OF SPONSOR(S)

SEND APPLICATION MATERIALS TO:

Admission Office
Westfield State University
P.O. Box 1630
Westfield, MA 01086-1630
Phone: (413) 572-5218, ext. 4
Fax: (413) 579-3019

