



Expected Visa Type:  Academic

**International Student Certification of Finances 2024-2025**

Applicant Name: _____	Date of Birth _____
	Month/day/year
Permanent Address: _____	Place of Birth _____
	Country _____
	Country of Citizenship _____
Mailing Address _____	
(If different from above)	

**Student Sources of Funds:**

Enter the source and the expected amount of annual support (in U.S. dollars) from all sources.

**Personal Savings:**

Name on Bank Account \_\_\_\_\_ \$ \_\_\_\_\_  
Available funds

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_

Official copy of the bank statement is attached.

**Family Savings:** (complete the affidavit of support – found on the back, if the name on the account is other than the student’s)

Name on Bank Account \_\_\_\_\_ \$ \_\_\_\_\_  
Available funds

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_

Official copy of the bank statement is attached.

**Funds available from Sponsors:** (complete affidavit of support- found on back, releasing the funds to the student while he/she is studying at SFCM)

Name on Bank Account \_\_\_\_\_ \$ \_\_\_\_\_  
Available funds

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_

Official copy of the bank statement is attached.

**Outside scholarships or awards:** (attach a signed copy of your letter of award)

Name of Agency \_\_\_\_\_ \$ \_\_\_\_\_

I certify the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking visa eligibility.

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_