

Certification of Finances Form

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 with supporting bank statement(s) or bank letter(s).

Westfield State University requires that all F-1 and J-1 visa status applicants provide verification of finances through any combination of personal or sponsored funding. This amount is the estimated total tuition and expenses for one year of academic study. Please check the Cost of Attendance page to calculate the costs based on your circumstances.

To demonstrate access to sufficient financial resources to study and live while in the United States, students can mention one or all the following under the Sources of Funds section below:

- **Personal or family savings:** This includes a bank account in the student's name or family members, including friends supporting the student's education.
- **Sponsors:** This includes money available from organizations (governmental or non-governmental) providing funds or scholarships to the student. The student or the organization will need to provide an award letter from a foundation, agency, or government stating the amount of financial support to the student.
- **Loan organizations:** This includes local governments or banks that offer student loans (please check with your local entities). This also includes organizations in the U.S. that provide private student loans to international students with the support of a U.S. citizen or permanent resident willing to co-sign the loan with the applicant.

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.

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 (Month/Day/Year)	COUNTRY OF CITIZENSHIP
--------------------------------	------------------------

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

SOURCES OF FUNDS

PERSONAL OR FAMILY SAVINGS (IF APPLICABLE)

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

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

SPONSORS

This includes money available from sources other than parents.

SPONSOR	AMOUNT (USD)
PLEASE DESCRIBE THE SOURCE(S)	

YOUR GOVERNMENT (IF APPLICABLE)

Enclose a signed copy of your letter of award.

AGENCY	AMOUNT (USD)
TOTAL (USD)	

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.

SIGNATURE OF STUDENT	DATE (Month/Day/Year)
----------------------	-----------------------

PARENTS

SIGNATURE OF PARENT(S)	DATE (Month/Day/Year)
------------------------	-----------------------

ADDRESS OF PARENT(S)	DATE (Month/Day/Year)
----------------------	-----------------------

SPONSORS

SIGNATURE OF SPONSOR(S)	DATE (Month/Day/Year)
-------------------------	-----------------------

RELATIONSHIP OF SPONSOR(S) TO STUDENT

ADDRESS OF SPONSOR(S)

SEND THIS FORM TO:

WESTFIELD STATE UNIVERSITY
INTERNATIONAL PROGRAMS OFFICE
ipac@westfield.ma.edu OR ipo@westfield.ma.edu
(413) 572-8818

