



**8. Please indicate below the total amount of annual support, in US dollars, expected from the sources listed below.**

Student's Sources of Funds	Assured Support		Projected Support	
	2021-22	2022-23	2023-24	2024-25
<b>8a. Personal or Family Savings</b>	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00

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

Signature of Bank Official \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

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

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

**Official Certification of Sources of Funds and 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.

**8b. Parents (money available from sources other than savings)**

\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00
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Parent's Name \_\_\_\_\_

Relationship \_\_\_\_\_

\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00
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Parent's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Please describe the source:

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**Official Certification of Sources of Funds and 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.

**8c. Sponsors (money available from sources other than parents)**

\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00
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Sponsor's Name \_\_\_\_\_

\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00
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Sponsor's Name \_\_\_\_\_

Please describe the source:

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**Relationship of Sponsor to Student**

**Official Certification of Sources of Funds and 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.

**8d. Student's Government**

\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00
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Name of Agency \_\_\_\_\_

Enclose a signed copy of your letter of award with this form.

<b>TOTAL</b>	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00
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9. What is the current exchange rate of your country's currency to the US dollar?

(for example, 3,100 pesos = \$1)

\_\_\_\_\_ = \$1

10. Does your government currently impose restrictions on exchange and release of funds for study in the US?

Yes  No

If YES, describe the restrictions.

11. Do you have a source for emergency funds once you arrive in the US?

Yes  No

If YES, name the source.

Amount available in US dollars \$ \_\_\_\_\_ .00

12. How will you pay for your transportation to the US?

13. What is the total amount of money you expect to have when you arrive at Westmont?

\$ \_\_\_\_\_ .00

14. Do you plan to remain in the US during the summer?

Yes  No

15. If remaining in the US, do you plan to attend summer school?

Yes  No

16. What are the sources and amounts of support available to you during the summer?

Sources	Amount
_____	US \$ _____ .00
_____	US \$ _____ .00
_____	US \$ _____ .00
_____	US \$ _____ .00

17. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) will not be authorized until this form is completed and returned to Westmont College. Westmont will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and the certificate must be shown to the US consul to obtain a visa.

Signature of Student \_\_\_\_\_

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

Date

Day Month Year

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility.

FOR OFFICE USE ONLY

SIGNATURE OF COLLEGE OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_  
NAME OF INSTITUTION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

