

Fill out this form and mail it to the address above.

1. Name \_\_\_\_\_  
Last (Surname) First (Given) Middle
2. Permanent Address \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
(If different from above)
4. Date of Birth \_\_\_\_\_ 5. Country of Birth \_\_\_\_\_ 6. Country of Citizenship \_\_\_\_\_
7. Expected Visa Type:  
 Academic or language training (F)       Nonacademic vocational (M)       Exchange visitor (J)  
 Other (Specify) \_\_\_\_\_

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.

**9. 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.**

Student's Source of Funds	Assured Support	Projected Support			
	2013-14	2014-15	2015-16	2016-17	
<b>8a. Personal or Family Savings</b>					
Name of Bank _____ <b>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.</b>					
<b>8b. Parents</b>					
Money available from sources other than savings. Father's Name _____ Mother's Name _____ Please describe the source: _____					
<b>8c. Sponsors</b>					
Money available from sources other than parents. Sponsor's Name _____ Sponsor's Name _____ Please describe the source: _____					
<b>8d. Your Government</b>					
Name of Agency _____ <b>Enclose a signed copy of your letter of award with this form.</b>					
<b>Total</b>	\$	\$	\$	\$	

Signature of Bank Official \_\_\_\_\_ Title \_\_\_\_\_

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

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

Date \_\_\_\_\_

Parent's signature is required (see certification statement above).

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

Address \_\_\_\_\_

Date \_\_\_\_\_

Sponsor's signature is required (see certification statement above).

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

Address \_\_\_\_\_

Relationship of Sponsor to Student \_\_\_\_\_

Date \_\_\_\_\_

10. A Certificate of Eligibility (Form I-20 or DS-2019) will not be authorized until this form is completed and returned to Shawnee State University. A copy of this form will be attached 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 cause for refusing or revoking admission.**

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

Date \_\_\_\_\_