



## Financial Certification for International Students

**Instructions for applicant:** *If you need an F-1 visa (or if you are in the United States and will continue your F-1 non-immigrant status), you are required to certify that you will have adequate support for your program of study at Faulkner University. Full support for your first year must be guaranteed, and support for subsequent years must be estimated. This form must be completed and submitted along with all your other application materials.*

Name \_\_\_\_\_  
LAST (SURNAME) OR FAMILY NAME                      FIRST NAME                      MIDDLE NAME

Date of Birth \_\_\_\_\_ Gender: Female Male Marital status: Single Married  
MONTH                      DAY                      YEAR

City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Mailing Address: *(We will use this address to mail your I-20.)*

\_\_\_\_\_  
\_\_\_\_\_

*If you are already in the U.S., you must attach a copy of your most recent I-20 and your most recent I-94 form.*

### Dependents:

Do you have any dependents who will come with you to the U.S.? Yes No

*If yes, list full information below for each dependent. You must show sufficient funds to cover your dependents' expenses while in the U.S. Please enclose a copy of the name page of each dependents' passport. For children, you must also provide a birth certificate and for a spouse, you must provide a marriage certificate.*

### Dependent Information:

Name \_\_\_\_\_  
LAST (SURNAME) OR FAMILY NAME                      FIRST NAME                      MIDDLE NAME

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
MONTH                      DAY                      YEAR

Gender: Female Male                      Relationship: Spouse Child

*continued on back*

Please indicate the source(s) of funding for each year needed to complete the degree program. Totals for the first year must be greater than or equal to \_\_\_\_\_ (estimate of expenses for the school year in U.S. dollars). Projected support should increase 5% annually for years 2-4. All original supporting financial documents should be written in English.

Source of Funds	Amounts in U.S. Dollars			
	Attach Documents	Projected Support (increase by 5% annually)		
	Year 1 (Enter Amount)	Year 2 (Enter Amount)	Year 3 (Enter Amount)	Year 4 (Enter Amount)
<b>Self-Support</b> Enclose bank statement documenting sufficient funds	\$	\$	\$	\$
<b>Parents or Individual Sponsors</b> Your sponsor must sign this form below and enclose bank statement documenting sufficient funds.	\$	\$	\$	\$
<b>Your Government</b> Enclose a signed copy of your award letter, specifying the current date, the name of Faulkner University, the U.S. dollar amount, and the exact starting date and length of the scholarship, and conditions of the award.	\$	\$	\$	\$
<b>Other (Specify):</b> _____ Enclose a signed affidavit from a person authorized to certify the accuracy of this entry.	\$	\$	\$	\$
<b>TOTAL:</b> Totals must equal or exceed Faulkner's estimate of expenses for each calendar year you plan to attend.	\$	\$	\$	\$
	(Enter Amount)	(Enter Amount)	(Enter Amount)	(Enter Amount)

**Employment prohibitions:** In computing your expenses, you should keep in mind that students holding Student (F) visa cannot be authorized to work off campus to support themselves. Students on F-1 visas may work on campus part time but should not expect to earn a significant portion of their funds this way. Work is limited to a maximum of 20 hours per week. Therefore, students can earn spending money, but the earnings are not enough to support educational expenses.

**Applicant's certification:** I certify that I have read the information provided on this form, that it is true and accurate, and that the funds are available.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Official certification by family or individual sponsor:** I guarantee that I will provide to the above-named applicant the amount indicated on the above chart for purposes of full-time study at Faulkner University.

\_\_\_\_\_  
SPONSOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPONSOR'S NAME (PLEASE PRINT)

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

**If living in the U.S., please indicate your status:**  U.S. citizen  U.S. permanent resident  other

Sponsors who are living in the U.S. and are not citizens must provide copies of their immigration papers (I-94 and visa stamps), as well as a copy of biographical page of their passport and passport expiration date.

Sponsor's address: \_\_\_\_\_  
\_\_\_\_\_