

Confidential Certificate of Finances

Part I: PERSONAL INFORMATION

Name: _____		
Family	First	Middle
Permanent Address: _____		Mailing Address (if different from permanent): _____
_____		_____
_____		_____
Phone Number: _____		Fax Number: _____
Date of Birth: _____		Place of Birth: _____
Country of Citizenship: _____		

Part II: OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS.

Please enter all amounts available to you from Personal or Family Savings, Parents, Sponsors, and your Government. You must submit official bank statements for any accounts listed on this form to confirm available funds.

Note: Enter amounts in US dollars. Please PRINT all entries. Use an additional sheet of paper for explanations if necessary. CERTIFICATE OF ELIGIBILITY (I-20 or IAP-20) will NOT be authorized until this form is completed and returned to Chaminade University. We will attach a copy of this form to your certificate of eligibility. Both the form and certificate must be shown to the U.S. Consul to obtain a visa.

PERSONAL OR FAMILY SAVINGS			

<i>Name of Bank</i>			
Assured Support	Projected Support		
First Year	Second Year	Third Year	Fourth Year
\$ _____	\$ _____	\$ _____	\$ _____
<p>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.</p> <p>Signature of Bank Official _____ Date _____</p> <p>Title _____ Bank Address _____</p> <p>Certified Seal: (document must have seal) _____</p>			

PARENT(S) SOURCE OF FUNDS

(Other than savings):

_____ *Source*

Assured Support	Projected Support		
First Year	Second Year	Third Year	Fourth Year
\$ _____	\$ _____	\$ _____	\$ _____

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 parent _____ Date _____

Address _____

SPONSORS

(Money available from sources other than parents.)

_____ *Name of Source(s)*

Assured Support	Projected Support		
First Year	Second Year	Third Year	Fourth Year
\$ _____	\$ _____	\$ _____	\$ _____

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 Guarantor (Sponsor) _____ Date _____

Address _____

Relationship of Guarantor to student: _____

YOUR GOVERNMENT

(If applicable)

_____ *Name of Agency*

Address of Government Agency _____

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

Assured Support	Projected Support		
First Year	Second Year	Third Year	Fourth Year
\$ _____	\$ _____	\$ _____	\$ _____

Part III: TOTAL

Please total all amounts entered from Personal or Family Savings, Parents, Sponsors and Government contributions.

Total Assured Support	Total Projected Support		
First Year	Second Year	Third Year	Fourth Year
\$ _____	\$ _____	\$ _____	\$ _____

Part IV: Other

1. What is the present exchange rate for your country's currency to the US dollar (for example, 20 pesos = \$1)? Exchange Rate _____	
2. a. Does your government currently impose restrictions on exchange and release of fund for study in the U.S.? ____ Yes ____ No b. If yes, name source: _____	
3. a. Do you have a source of emergency funds once you arrive in the U.S.? __ Yes ____ No b. If yes, name source. _____	
4. Who will pay for your transportation to the U.S.? Name _____	
5. What is the total amount of money you expect to have when you arrive at Chaminade University? Amount US\$ _____	
6. Do you plan to remain in the U.S. during the summer? __ Yes ____ No	
7. If remaining in the U.S. do you plan to attend summer school? ____ Yes ____ No	
8. What are the sources and amounts of support available to you during the summer? (Enter sources and amounts below)	
Source	Amount in U.S. dollars
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

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

Signature of Student _____ Date _____

Please mail to:

**Chaminade University of Honolulu
Admissions Office
3140 Waialae Avenue
Honolulu, Hawaii 96816-1578**