

**Chaminade University of Honolulu
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.

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 of Honolulu. 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	
\$ _____	\$ _____	\$ _____	\$ _____	
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 Bank Official _____ Date _____				
Title _____ Bank Address _____				
Certified Seal: (document must have seal) _____				

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

<p>1. What is the present exchange rate for your country's currency to the US dollar (for example, 20 pesos = \$1)?</p> <p style="text-align: right;">Exchange Rate _____</p>								
<p>2. a. Does your government currently impose restrictions on exchange and release of fund for study in the U.S.? _____ Yes _____ No</p> <p>b. If yes, name source: _____</p>								
<p>3. a. Do you have a source of emergency funds once you arrive in the U.S.? __ Yes _____ No</p> <p>b. If yes, name source. _____</p>								
<p>4. Who will pay for your transportation to the U.S.? Name _____</p>								
<p>5. What is the total amount of money you expect to have when you arrive at Chaminade University of Honolulu? Amount US\$ _____</p>								
<p>6. Do you plan to remain in the U.S. during the summer? __ Yes _____ No</p>								
<p>7. If remaining in the U.S. do you plan to attend summer school? _____ Yes _____ No</p>								
<p>8. What are the sources and amounts of support available to you during the summer? (Enter sources and amounts below)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">Source</th> <th style="width: 40%; text-align: center;">Amount in U.S. dollars</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">a. _____</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">b. _____</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">c. _____</td> <td style="padding: 2px;">\$ _____</td> </tr> </tbody> </table>	Source	Amount in U.S. dollars	a. _____	\$ _____	b. _____	\$ _____	c. _____	\$ _____
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** _____