

# Certification of Finances Form

Please submit this completed form to the address below.

This Certification of Finances Form is intended to provide Westfield State University with information regarding funds available to an international applicant, more specifically, to verify that the student has access to sufficient financial resources to attend the University. This form is required by the U.S. Citizenship and Immigration Services (USCIS) and must be completed to be valid. A Certificate of Eligibility (I-20) will not be issued until this form is completed and returned to the University. No other form may be used as a substitute. In addition to this form, all students must submit a bank statement.

Westfield State University requires that all F-1 and J-1 visa status applicants provide verification of finances in the amount of \$31,000 (U.S. Dollars) or greater through any combination of personal or sponsored funding. Some programs may require additional funds. This amount is the estimated total tuition and expenses for one year of academic study.

- If you, the student, will provide funding from personal funds, a bank letter with sufficient funding for at least one year's total cost is required, along with this form. The bank letter must be in English and clearly detail the account owner and available funds.
- If a family member or other personal sponsor will provide funding, a bank letter with sufficient funding for at least one year's total cost is required, along with this form verifying sponsorship. The bank letter must be in English and clearly detail the account owner and available funds.
- If an employer, government, or organization will provide funding, a signed financial guarantee letter from the sponsor detailing amounts and length of sponsorship is required. This form can accompany the guarantee letter from the sponsor, but not replace it.

All personal bank and sponsor letters must be dated within six months from the date of application to the University. Please understand that you are responsible for all payments to the University.

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SIGNATURE OF STUDENT

## APPLICANT'S NAME

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LAST/FAMILY

FIRST/GIVEN

MIDDLE

## PERSONAL INFORMATION

---

PERMANENT ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

---

MAILING ADDRESS (IF DIFFERENT) CITY

STATE

ZIP CODE

COUNTRY

---

INTERNATIONAL ADDRESS

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E-MAIL ADDRESS

HOME TELEPHONE

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DATE OF BIRTH

COUNTRY OF CITIZENSHIP

## SEND APPLICATION MATERIALS TO:

College of Graduate and Continuing Education  
Westfield State University  
P.O. Box 1630  
Westfield, MA 01086-1630  
Phone: (413) 572-8020  
Fax: (413) 572-5227



**SOURCES OF FUNDS**

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DO YOU HAVE A SOURCE FOR EMERGENCY FUNDS? IF YES, NAME THE SOURCE AND AMOUNT IN U.S. DOLLARS (USD).

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HOW WILL YOU PAY FOR YOUR TRANSPORTATION TO THE U.S.?

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### OFFICIAL CERTIFICATION OF SOURCES OF FUNDS & 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.

#### PERSONAL OR FAMILY SAVINGS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF BANK OFFICIAL DATE

\_\_\_\_\_  
TITLE OF BANK OFFICIAL

\_\_\_\_\_  
NAME OF BANK ADDRESS OF BANK

#### PARENTS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF PARENT(S) DATE

\_\_\_\_\_  
ADDRESS OF PARENT(S)

#### SPONSORS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF SPONSOR(S) DATE

\_\_\_\_\_  
RELATIONSHIP OF SPONSOR(S) TO STUDENT

\_\_\_\_\_  
ADDRESS OF SPONSOR(S)

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