

INTERNATIONAL STUDENT CERTIFICATION OF FINANCES

This information will be provided to the U.S. government

SECTION A

1. Name				
Family/Surname	First/Given Name	Middle Name		
2. Date of Birth //// Month Day Year				
3. Permanent Foreign Address				
Address				
City				
Province/Territory		_ Postal Code		
Country				
Phone Number + () - (Country Code Number)			
4. City and Country of Birth				
5. Country of Citizenship				
6. Email Address				
Please provide a copy of the photo page	of your valid passport. Your	passport must be valid for		
more than six months after the start date	e of classes.			
Are you currently in the United States or	currently hold a valid U.S. \	/isa (other than a B visa)?		
Yes, go to Section B				
No, go to Section C				
SECTION B				

If currently in the United States, or currently hold a a valid U.S. Visa (other than a B visa), list your address within the United States.

Address	
City	
State	
Postal Code	
U.S. Phone Number ()	

Please provide a copy of your U.S. Visa stamp, if available.

SECTION C

In addition to any aid awarded by St. John's College, do you have financial support from someone other than yourself?

NO–If you are paying your expenses in full from your own bank account, please provide official bank statements,
or letter(s) from your bank showing the liquid assets available to pay your expenses during your studies. Skip the sponsor
section and go to the last question on this page.

YES–If you have a sponsor (or multiple sponsors), please have your sponsor provide the following information in the form below:

Name of Sponsor #1							
Relationship to Student							
Address of Sponsor							
Date							
Assured Support from Sponsor (in US dollars)			Projected Support (in US dollars) 2022-23 2023-24 2024-25				
	21-22 USD			2023-24 USD \$	2024-25 USD		
Please provide an o	official bank state						
listed above, in liqu			ioni your buik si				
I		(name of sponso	or) certify that I will sp	oonsor			
(name of student) for the available and will be pro	e amounts listed abov						
Sponsor #1 Signature _	f1 Signature Date						
Name of Sponsor #2							
Relationship to Student							
Address of Sponsor							
Date							
Assured Support from Sponsor (in US dollars) 2021-22			Projected Support (in US dollars) 2022-23 2023-24 2024-25				
\$	USD	\$	USD \$	USD \$	USD		
Please provide an o	official bank state	ement or letter f	rom vour bank sh	nowing a minimun	n of the amount		
listed above, in liqu			•	J. J			
Ι		(name of sponse	or) certify that I will sp	ponsor			
(name of student) for the available and will be pro		ve, that the bank sta	tement provided is tru	ue and accurate, and th	at the funds are		
Sponsor #2 Signature _				Date			
Are you currently e 5 months?	enrolled, or have	been enrolled at	t a US Educationa	al Institution withi	n the past		

If YES, please SUBMIT A COPY OF YOUR CURRENT I-20 and and fill out the I-20 Transfer Form

SIGNATURE

A certification of Eligibility Form (Form I-20) will not be authorized until this form is completed and returned to St. John's College. I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.