

INTERNATIONAL STUDENT CERTIFICATION OF FINANCES

2023-24

The purpose of the *Certification of Finances* is to help colleges and universities obtain complete and accurate information about the funds available to international applicants who want to study in the United States. Strict government regulations, rising education costs, and economic conditions have made verifying the financial resources of international applicants essential. Institutions do not have the option of deciding whether to verify the financial resources of their international applicants; financial verification must be made prior to institutional issuance of a Certificate of Eligibility (Form I-20 or DS-2019).

This form is designed to standardize financial information provided by applicants to colleges, universities, and U.S. consuls. By completing this form and returning it to the college or university requiring it, an applicant, if admitted, may obtain that college's authorization and issuance of a Certificate of Eligibility (Form I-20 or DS-2019). The institution should attach a copy of this certification to the Certificate of Eligibility. U.S. consuls scrutinize the statements of financial resources given by nonimmigrant visa applicants. This certification will help such officials make their decisions and expedite visa issuance.

Return directly to Knox College

1. Your Name			4. Date of Birth
☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss			
	2: (5.1)	NO.	Month Day Year
Family (surname)	Given (first)	Middle	
2. Permanent Address		5. Place of Bir	rth (country)
		6. Country of	Citizenship
3. Mailing Address (if different from abo	ve)	7. Expected V	isa Туре
		□ F-1 □] G-2
		☐ F-2 ☐	G -3
		□ J-1 □	J G-4
		□ J-2 □] H
		□ G-1 □	Other (specify)

8. Enter Use a	th in a	e e	xp liti	ect ona	ed I sl	am hee	oui et o	nt f p	of ap	an er	nu for	al s	up pla	po ana	rtic	fro	m s, if	the s	ess	irces sary.					w.	Ente	er	amo	ou	nts	in	U.	S. (lob					PRI	NT	all	en	trie	es.		
Student's Sources of Funds 8a. Personal or Family Savings									Assured Support							Projected Support																														
											2023-24					-	2	202	24-2	25						25-2						202	26-	27												
																				\$.00		\$.00	\$					Π.	.00	\$.00
Name of Ba	nk																																													
Please a	ttad	ch	a b	ank	ce	ertii	ficat	te	to	thi	s C	erti	fic	atio	on	of	Fir	nance	es t	to do	ocı	ume	ent	yo	our s	our	ce	of f	fun	ndiı	ng.															
Official (
This is to ce	rtify t	that	I hav	e rea	ad th	ne in	forma	atior	n fu	rnisł	ned b	y the	ар	plica	ant c	n th	nis fo	orm, tha	at it i	is a tru	ie a	nd ac	cura	ate st	tatem	ent, a	and 1	that t	he f	und	s are	ava	ilabl	e an	d wi	II be	prov	ided	as in	dicate	∍d.					
8b. Pare	nts	(IV	lon	еу а	vai	lab	le fr	on	n s	our	ces	oth	ner	tha	an s	sav	ing	js.)																												
																				\$.0	0	\$.00	\$						00	\$.00
Parent's Nar Relationship																																														
Ticiationship	T							T		T		П				T				\$					0	0	\$.00	\$						00	\$.00
Parent's Nar Relationship																				Ψ					.0		Ψ						.00	Ψ						00	Ψ					.00
Please desc		he s	our	٥.																																										
110030 0030	ibc t	.110	ourc	·.																																										
Signature	of F	Par	ent																	Date	;																									
Address																																														
Official	۰	4:4		.:	,							م مام		-I A																																
This is to ce																			at it i	is a tru	ie a	nd ac	cura	ate st	tatem	ent, a	and t	that t	he f	und	s are	ava	ilabl	e an	d wi	II be	prov	rided	as in	dicate	ed.					
8c. Spor																																														
																				\$.0	0	\$.00	\$						00	\$.00
Sponsor's N	ame																																													
																				\$.0	0	\$.00	\$						00	\$.00
Sponsor's N	ame																																													
Please desc	ribe t	he s	ourc	e:																																										
												—																																		
C:4	-4.6	·																		D-4-																										
Signature	01 5	spo	NS0	r																Date	;																									
Address																		_																												
Relations	hin	of S	noi	ISOF	to :	Stu	dent	_																																						
Official	-									. f E		da 1		4 V			nto																													
This is to ce																			at it i	is a tru	ie a	nd ac	cura	ate st	tatem	ent, a	and t	that t	he f	und	s are	ava	ilabl	e an	d wi	II be	prov	rided	as in	dicate	ed.					
8d. You													·																																	
	Ī				Ī															9	3					.00	\$.00	\$					Π.	.00	\$.00
Name of Ag	ency																																													
Enclose a si			y of	our/	lette	r of	awar	d w	ith	this	form	l.								_																										_
																	1	ОТА	L	9	6					.00	\$.00	\$.00	\$.00

9.	What is the present exchange rate of your count currency to the U.S. dollar? (for example, 3,100 pesos = \$1)	try's	13.	What is the total amount of money you expect to have when you arrive at this institution?													.0	
	= \$1		14.	Doy	ou p	lan t	o rer	nain i	in the	U.S. d	durir	ng the s	umn	ner?				
10.	Does your government currently impose restrict and release of funds for study in the U.S.?	tions on exchange			Yes		N	0										
	☐ Yes ☐ No If YES, describe restrictions.		15.			ing i scho		U.S.	ou pla	n to	attend	I						
					Yes		N	0										
11.	Do you have a source for emergency funds once in the U.S.?	you arrive	16.						nd am the su			suppor	t					
	☐ Yes ☐ No						Sou	ırces			Amo	unt						
	If YES, name source.											U.S	5. \$.00	
	Amount available in U.S. dollars \$.00										U.S	5. \$.00	
12.	How will you pay for your transportation to the	U.S.?										U.S	5. \$.00	
												U.S	5. \$.00	
17.	you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to	nature of Student ertify that the information of inderstand that any misreproking admission.								Di	ate	Day	Mont	th	Ye			
	the U.S. consul to obtain a visa.				FOR (DEFIC	-	E ONL	<i>i</i>			Duy						
decl appr	is to certify that I have reviewed the aration and attached documents, if opriate, and approve issuance of a lifeste of Eligibility. SIGNATURE OF COLLEGE OFFICIAL NAME OF INSTITUTION																	

_ DATE __