



# 2024-2025 International Student Financial Certification Document Guidelines

Please read prior to completing this form.

The purpose of the *Financial Certification Document* is to assist 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 US 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). If parents and/or sponsors are unable to obtain a bank official's verification, it is recommended that institutions forward a copy of the International Student Financial Aid Application to the family for completion. The institution should attach a copy of this certification to the Certificate of Eligibility. US 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 this form directly to the college that provided or requested it.

The space below is for optional use by issuing institutions for listing student's expected annual budget.

## International Student Certification of Finances (ISCF) Form

Please complete the relevant sections of the ISCF Form to designate the sources of funds to cover your expected expenses for the 2024-2025 School Year. Assurance of funds is required for an I-20 can be approved.

|                                  |  |
|----------------------------------|--|
| <u>Estimated Annual Expenses</u> |  |
|                                  |  |
| <u>Direct Costs:</u>             |  |
| Tuition                          |  |
| Fees                             |  |
| Books                            |  |
| Room and Board                   |  |
| Medical Insurance                |  |
|                                  |  |
| TOTAL Direct Costs               |  |
|                                  |  |
| <u>Indirect Costs:</u>           |  |
| Transportation (Airfare)         |  |
| Personal Expenses                |  |
|                                  |  |
| TOTAL Indirect Costs             |  |



**Return directly to the college providing or requesting this statement.**

**INTERNATIONAL STUDENT FINANCIAL CERTIFICATION DOCUMENT 2024- 2025 CONFIDENTIAL**

| <p>1. Your Name</p> <p>FAMILY (SURNAME) _____ GIVEN (FIRST) _____ MIDDLE _____</p> <p>2. Permanent Address- _____</p>  | <p>3. Date of Birth</p> <table border="1" style="width:100%; height: 30px;"> <tr> <td style="width:33%;"></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table> <p>Month Day Year</p> <p>4. Place of Birth (Country) _____</p> <p>5. Country of Citizenship (or Stateless, if applicable) _____</p> |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
|--|---|----------------------------|-------------------|-----------|-------------------|-----------|--|--|--|--|-----------|-----------|-----------|-----------|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|---|--|--|--|--|--|--|----------------|--|--|--|--|--|--|---|
|  |   |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
| <p>6. Enter the expected amount of annual support from the sources listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if needed.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:40%;">STUDENT'S SOURCES OF FUNDS</th> <th colspan="2" style="text-align: center;">Assured</th> <th colspan="4" style="text-align: center;">Projected Support</th> </tr> <tr> <th style="width:10%;"></th> <th style="width:10%;"></th> <th style="width:10%;">2024-2025</th> <th style="width:10%;">2025-2026</th> <th style="width:10%;">2026-2027</th> <th style="width:10%;">2027-2028</th> </tr> </thead> <tbody> <tr> <td style="background-color: #e0e0e0;"><b>6a. PERSONAL OR FAMILY SAVINGS</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name of Bank _____<br/>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;"><b>6b. PARENTS/LEGAL GUARDIANS</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Money available from sources other than savings.<br/>Parent/Legal Guardian #1 Name _____<br/>Parent/Legal Guardian #2 Name _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;"><b>6c. SPONSORS</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Money available from sources other than parents.<br/>Sponsor's Name _____<br/>Sponsor's Name _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;"><b>6d. YOUR GOVERNMENT</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name of Agency _____<br/>Enclose a signed copy of your letter of award with this form.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;"><b>TOTAL ▶</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   | STUDENT'S SOURCES OF FUNDS | Assured           |           | Projected Support |           |  |  |  |  | 2024-2025 | 2025-2026 | 2026-2027 | 2027-2028 | <b>6a. PERSONAL OR FAMILY SAVINGS</b> |  |  |  |  |  |  | Name of Bank _____<br>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings. |  |  |  |  |  |  | <b>6b. PARENTS/LEGAL GUARDIANS</b> |  |  |  |  |  |  | Money available from sources other than savings.<br>Parent/Legal Guardian #1 Name _____<br>Parent/Legal Guardian #2 Name _____ |  |  |  |  |  |  | <b>6c. SPONSORS</b> |  |  |  |  |  |  | Money available from sources other than parents.<br>Sponsor's Name _____<br>Sponsor's Name _____ |  |  |  |  |  |  | <b>6d. YOUR GOVERNMENT</b> |  |  |  |  |  |  | Name of Agency _____<br>Enclose a signed copy of your letter of award with this form. |  |  |  |  |  |  | <b>TOTAL ▶</b> |  |  |  |  |  |  | <p><b>7. OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS</b></p> <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.<br/>(You may submit a signed/stamped bank official's letter instead if needed)</p> <p>Signature of Bank Official _____<br/>Title _____<br/>Name of Bank _____</p> <p><b>Parent/Legal Guardian's signature is required</b> (see certification statement above).<br/>Signature of Parent/Legal Guardian _____<br/>Address _____<br/>Date _____</p> <p><b>Sponsor's signature is required</b> (see certification statement above).<br/>Signature of Sponsor _____<br/>Address _____<br/>Relationship of Sponsor to Student _____</p> <p>11. How will you pay for your transportation to the U.S.?<br/>_____</p> <p>12. What is the total amount of money you expect to have when you arrive at this institution? U.S. \$ _____</p> <p>13. Do you plan to remain in the U.S. during the summer?<br/><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> <p>14. Summer School?<br/><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> <p>15. What are the sources and amounts of support available to you during the summer?<br/>AMOUNT: _____<br/>SOURCES: _____</p> |
| STUDENT'S SOURCES OF FUNDS   | Assured   |                            | Projected Support |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
|  |   |                            | 2024-2025         | 2025-2026 | 2026-2027         | 2027-2028 |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
| <b>6a. PERSONAL OR FAMILY SAVINGS</b>  |   |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
| Name of Bank _____<br>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.   |   |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
| <b>6b. PARENTS/LEGAL GUARDIANS</b>   |   |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
| Money available from sources other than savings.<br>Parent/Legal Guardian #1 Name _____<br>Parent/Legal Guardian #2 Name _____   |   |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
| <b>6c. SPONSORS</b>  |   |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
| Money available from sources other than parents.<br>Sponsor's Name _____<br>Sponsor's Name _____   |   |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
| <b>6d. YOUR GOVERNMENT</b>   |   |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
| Name of Agency _____<br>Enclose a signed copy of your letter of award with this form.  |   |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
| <b>TOTAL ▶</b>   |   |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |
| <p>8. What is the present exchange rate of your country's currency to the U.S. dollar (for example, 3,100 pesos = \$1)?<br/>8a. Today's Date (MM/DD/YYYY) _____ = \$1</p> <p>9. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.?<br/>(If YES, describe restrictions. ) _____</p> <p>10. Do you have a source for emergency funds once you arrive in the U.S.?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p>   |   |                            |                   |           |                   |           |  |  |  |  |           |           |           |           |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |   |  |  |  |  |  |  |                |  |  |  |  |  |  |   |

16. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) will not be authorized until this form is completed and returned to the institution to which 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 the U.S. consul to

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.

SIGNATURE OF STUDENT \_\_\_\_\_  
DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility.

SIGNATURE OF COLLEGE OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_  
NAME OF INSTITUTION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_