

CERTIFICATION OF FINANCES

**SALEM STATE COLLEGE
GRADUATE SCHOOL
SALEM, MASSACHUSETTS 01970**

Name _____
LAST (FAMILY) FIRST MIDDLE

Address _____

SOURCES OF FUNDS — Please PRINT all entries	Assured Support	Amounts in U.S. dollars Projected Support	
		First Year	Second Year
PERSONAL OR FAMILY SAVINGS — Name of Bank: _____ <small>(A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.)</small>	\$	\$	\$
RESOURCES OTHER THAN SAVINGS PARENTS and/or SPONSORS — Name of each person and source of funds: _____ _____ _____			
YOUR GOVERNMENT — Name of Agency: _____ Enclose with this form a signed copy of your letter of award.			
TOTALS <small>Each of these totals should equal the estimated total costs for a 12-month period, listed on the INFORMATION FOR PROSPECTIVE STUDENTS ABROAD sheet enclosed.</small>	\$	\$	\$

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND 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.
BANK OFFICIAL'S SIGNATURE _____ Title _____ Name of Bank _____ Address _____ <div style="text-align: right;">Date _____</div>
Parent's signature is required. Signature _____ Address _____ <div style="text-align: right;">Date _____</div>
Sponsor's signature is required. Signature _____ Address _____ Relationship of guarantor to student _____ <div style="text-align: right;">Date _____</div>

I certify that the above information on this form is true, correct and complete.
 I understand that any misrepresentation may be cause for refusing or revoking admission.

STUDENT'S SIGNATURE _____ **DATE** _____

A CERTIFICATE OF ELIGIBILITY (I-20AB) will not be authorized until this form is completed and returned to Salem State College.