

All admission applicants from foreign countries must submit this form whether or not they are also requesting financial aid.

STUDENT'S NAME Mr. _____
 Miss _____
 Mrs. LAST (FAMILY) FIRST MIDDLE

HOME ADDRESS _____

A CERTIFICATE OF ELIGIBILITY (I-20 or IAP-66) 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 the certificate must be shown to the U.S. Consul to obtain a visa.	RETURN TO:	Bluffton University Office of Admissions 1 University Dr. Bluffton, OH 45817 USA
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Enter amounts in US\$. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT	PROJECTED SUPPORT				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.
	FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR		
PERSONAL AND FAMILY SAVINGS					SIGNATURE OF BANK OFFICIAL _____ TITLE _____ NAME OF BANK _____ ADDRESS OF BANK _____ DATE _____ A parent and/or sponsor unable to provide a bank official's verification must complete items 16-40 on the Financial Aid Application.	
_____ NAME OF BANK A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.						
PARENTS					Parent's signature is required. SIGNATURE OF PARENT _____ ADDRESS _____ DATE _____	
For Resources Other Than Savings _____ NAME _____ NAME Please Explain Source:						
SPONSORS					Sponsor's signature is required. SIGNATURE OF GUARANTOR _____ SPONSOR ADDRESS _____ RELATIONSHIP OF GUARANTOR TO STUDENT _____ DATE _____	
For Resources Other Than Savings _____ NAME _____ NAME Please Explain Source:						
YOUR GOVERNMENT					<ul style="list-style-type: none"> • What is the total amount of money you expect to have when you arrive at this institution? US\$ _____ • Do you plan to attend summer school? <input type="checkbox"/> YES <input type="checkbox"/> NO • Do you plan to remain in the U.S. during the summer? <input type="checkbox"/> YES <input type="checkbox"/> NO • What are the sources and amounts of support available to you during the summer? AMOUNT SOURCES: _____ US\$ _____ _____ US\$ _____ _____ US\$ _____	
_____ NAME OF AGENCY Enclose with this form a signed copy of you letter of award.						
OTHER (SPECIFY)						
_____ _____ Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.						
TOTAL ▶	\$	\$	\$	\$		

WARNING: Providing false information may jeopardize a student's visa status and furthermore may result in an institution revoking its initial decision to enroll the student.

I certify that the information provided here is correct and complete.
 SIGNATURE OF STUDENT _____ DATE _____

TO BE COMPLETED BY THE INSTITUTION THAT SENT THIS FORM

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 _____