



Expected Visa Type: ☐ Academic

International Student Certification of Finances 2025-2026

Applicant Name: _____ Date of Birth _____
Month/day/year
Permanent Address: _____ Place of Birth _____
Country _____
Country of Citizenship _____
Mailing Address _____
(If different from above)

Student Sources of Funds:

Enter the source and the expected amount of annual support (in U.S. dollars) from all sources.

Personal Savings:

Name on Bank Account _____ \$ _____
Available funds

Name of Bank _____ Address _____ ☐

Official copy of the bank statement is attached.

Family Savings: (complete the affidavit of support – found on the back, if the name on the account is other than the student's)

Name on Bank Account _____ \$ _____
Available funds

Name of Bank _____ Address _____ ☐

Official copy of the bank statement is attached.

Funds available from Sponsors: (complete affidavit of support- found on back, releasing the funds to the student while he/she is studying at SFCM)

Name on Bank Account _____ \$ _____
Available funds

Name of Bank _____ Address _____

☐ Official copy of the bank statement is attached.

Outside scholarships or awards: (attach a signed copy of your letter of award)

Name of Agency _____ \$ _____

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

Signature of Student: _____ Date _____