

International Declaration and Certification of Finances

A certificate of eligibility (Form I-20) will not be authorized until this form and remaining required admissions items are returned to Mount Mercy College. Name (Underline Your Family Name) Home Address _____ (Number) (Street) (State) (Country) (City) Country of Citizenship _____ Date of Birth ___ / __ Place of Birth ____ Does your country have a currency restriction limiting the amount of money you can remove in U.S. Dollars? Yes No If yes, please specify What is the current rate of exchange in your country? List below the persons financially dependent upon you: Relationship Will the person come with you to the U.S.? Not including funds needed for travel, how much money (in U.S. dollars) will be available to you each year while you are in the U.S.? How much will you bring with you? _____ How much will you receive after your arrival and how frequently (monthly, yearly, etc)? Will this be received regularly or only when you request it? Are you interested in working on campus* to earn additional income toward your education? ____ Yes ____ No

*Students generally have the opportunity to earn up to \$2,000 per school year by working on campus. This translates to approximately 10 hours per week of employment during the school year (September – May). Students interested in campus employment must successfully complete a campus employment application. An interview may also be required.

Please indicate the source of your funds on the chart below. **Also, enclose a signed affidavit from an authorized person to certify the accuracy of this entry.**

SOURCES OF FUNDS		ASSURED AMOUNT IN U.S. DOLLARS		
Personal Savings (please print name of bank)	First Year	Second Year	i nira Year	Fourth Year
	\$	\$	\$	\$
Family and/or Friends (please print name of each)				
	\$	\$	\$	\$
	\$	\$	\$	\$
Your Government (please print name of agency)	\$	\$	\$	\$
Enclose with this form a signed copy of your	\$	\$	\$	\$
letter of award, if applicable.				
Other (please specify)				
	\$	\$	\$	_ \$
	\$	\$	\$	
	\$	\$	\$	_ \$
TOTAL:	\$	\$	\$	_ \$
Bank Official's Signature Name of Bank				
Address of Bank			Date	
Notary Signature			Date	
This is to certify that I have read the information for the funds are available and will be provided as inc		icant on this form,	that is true and	accurate and the
Guarantor's Signature			Date	
Relationship of Guarantor to Applicant			Date	
Address of Guarantor			Date	
Notary Signature			Date	
I certify that the information provided above is true	e, correct and compl	ete.		
Student's Signature			Date	
I have reviewed the certificate and attached docu	ments and (approve	/disapprove) the is	suance of Cert	ificate of Fligibilit
Mount Mercy College Official's Signature		,		mode of Englowing