

International Applicant — Sources of Funds

I, _____, certify that the total amount of money (excluding travel funds) available to me for my first academic year in the United States is US \$ _____. The total amount available for each subsequent year of study is US \$ _____.

PLEASE INDICATE THE SOURCE OF THESE FUNDS ON THE CHART BELOW. If the amount available for the first year is less than the minimum requirement given on the enclosed cost approximation, explain on a separate sheet of paper precisely how you plan to finance your first year of study, and/or if you need financial assistance to meet these costs.

SOURCE OF FUNDS		ASSURED AMOUNTS IN US DOLLARS			
		Year 1	Year 2	Year 3	Year 4
PERSONAL SAVINGS — Please print name of bank: (A certifying official's signature is required below)					
FAMILY and/or FRIENDS — Please print the name of each person: (The signature of a parent, relative, or friends is required as a guarantor on the certification below.)					
YOUR GOVERNMENT — Please print the name of the agency: (Enclose with this form a signed copy of your letter of award.)					
OTHER — Please specify: (Enclose a signed affidavit from an authorized person to certify the accuracy of this entry.)					
Each of these totals should equal or exceed the estimate on the enclosed cost approximation sheet of the cost for one year.	TOTALS:				

Enter the total amount of money you expect to have when you arrive at this institution: US \$ _____

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

This certifies that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available.

BANK OFFICIAL'S SIGNATURE: _____ TITLE: _____

NAME OF BANK: _____

ADDRESS OF BANK: _____

This certifies that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as indicated.

GUARANTOR'S SIGNATURE: _____ DATE: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS: _____

I certify that the information provided above is true, correct, and complete.

APPLICANT'S SIGNATURE: _____ DATE: _____

Applicant's MAILING address:

**Return to: Office of Graduate Studies
 Millersville University
 PO Box 1002
 Millersville PA 17551-0302**