



518 W. Locust Street • Davenport, Iowa 52803
 www.sau.edu
 global@sau.edu

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

A CERTIFICATE OF ELIGIBILITY

(1-20) will not be authorized until this form is completed and returned to St. Ambrose University. The institution will attach a copy of this form to your Certificate of Eligibility. Both the form and certificate must be shown to the U.S. Consul to obtain a visa.

DECLARATION OF FINANCES

c o n f i d e n t i a l

RETURN TO:

Office of Admissions, St. Ambrose University
 518 West Locust, Davenport, IA 52803
 USA

Student Information

Use typewriter or print legibly in ink.

Name _____
Last (family) First Middle

Home country address _____
Number/Street Town/City

_____ Province/State Country

Phone number (home country) _____ Email address _____

Student Sources of Funds

Enter amounts in US dollars. Please PRINT all entries.
 Use an additional sheet of paper for explanations if necessary.

	ASSURED SUPPORT	PROJECTED SUPPORT			
	FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR	
Personal or Family Savings					
Name of Bank _____ <small>A bank official's signature is required on the certification on reverse if the student is partially or totally supported by personal savings.</small>	_____	_____	_____	_____	_____
Parents and/or Sponsors					
Name _____ <small>Parent or sponsor signature is required. See the certification on reverse.</small>	_____	_____	_____	_____	_____
Your Government					
Name of Agency _____ <small>Enclose with this form a signed copy of your letter of award.</small>	_____	_____	_____	_____	_____
This Institution					
Type of Award _____	_____	_____	_____	_____	_____
Other (specify)					
_____	_____	_____	_____	_____	_____
<small>Enclose with this form a signed affidavit from an authorized person to certify accuracy of this entry.</small>					
<small>Each of these totals should equal the institution's estimate of expenses for one year.</small>	TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

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? Yes No

Do you plan to remain in the U.S. during the summer? Yes No

What are the sources and amounts of support available to you during the summer? **AMOUNT**

Sources _____ US \$ _____

_____ US \$ _____

_____ US \$ _____

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.

Signature of Bank Official _____

Title _____

Name of Bank _____

Address of Bank _____

Telephone _____ Fax _____

Email _____

Date _____

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, that the funds are available and will be provided as indicated.

Signature of Guarantor _____
Parent or Sponsor

Address _____

Relationship of Guarantor to Student _____

Telephone _____ Fax _____

Email _____

Date _____

I certify that the information provided here is correct and complete.

Signature of Student _____

Date _____