

International Student Certification of Finances

SIT Graduate Institute

a program of World Learning



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Student Information	Dependent Information
<p>Your name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Family Given Middle</small></p> <p>Permanent address: _____ _____ _____</p> <p>Are you currently in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate type of visa: _____</p> <p>Mailing address for I-20 (CANNOT BE A POSTAL BOX): _____ _____ _____</p> <p>Phone number at mailing address (REQUIRED): _____</p> <p>Date of Birth: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Day Month Year</small></p> <p>City of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Do you have a US Social Security number? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please enter number here: _____</p>	<p>Please provide the following information on any dependents who will be joining you in the US (please provide information on additional dependents on a separate sheet of paper, if necessary):</p> <p>DEPENDENT 1:</p> <p>Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Family Given Middle</small></p> <p>Date of Birth: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Month Day Year</small></p> <p>City of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Relationship to Applicant: _____</p> <p>Means to support this person: _____ _____</p> <p>DEPENDENT 2:</p> <p>Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Family Given Middle</small></p> <p>Date of Birth: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Month Day Year</small></p> <p>City of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Relationship to Applicant: _____</p> <p>Means to support this person: _____ _____</p>

Student Sources of Funds (Other than SIT Financial Aid)

Personal Savings	Amount of Assured Support <small>(Please indicate type of currency if not in US dollars)</small>	Please attach:
<p>Bank Name: _____</p> <p>Bank Address: _____ _____ _____</p>		<p>1. Recent bank statement (within the last three months)</p>

<p style="text-align: center;">Parents or Family</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p style="text-align: center;">Amount of Assured Support (Please indicate type of currency if not in US dollars)</p>	<p>Please attach:</p> <ol style="list-style-type: none"> Signed letter of support stating specific amount of funds Bank statement demonstrating resources.
<p style="text-align: center;">Sponsor(s)</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p style="text-align: center;">Amount of Assured Support (Please indicate type of currency if not in US dollars)</p>	<p>Please attach for each sponsor:</p> <ol style="list-style-type: none"> Signed letter of support stating specific amount of funds Bank statement demonstrating resources.
<p style="text-align: center;">Government or Other Support</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p style="text-align: center;">Amount of Assured Support (Please indicate type of currency if not in US dollars)</p>	<p>Please attach for each source of support:</p> <ol style="list-style-type: none"> Copy of the award letter with specific amount of funds from the organization or government agency you listed.

TOTAL SUPPORT: \$

Does your government currently impose restrictions on exchange and release of funds for study in the US? Yes No

If yes, describe restrictions: _____

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

SIGNATURE OF STUDENT _____ **Date** _____

**Please fax (or scan and email) this Certification of Finances and supporting documentation to:
Financial Aid Office, +1 802 258-3500 or finaid@sit.edu**