



**INTERNATIONAL STUDENT
CERTIFICATION OF FINANCES**

Name of Student: _____ Degree: _____

Address: _____

Citizenship: _____ Number of Accompanying Dependents: _____

Persons who sign below certify that if the student named above attends Union Presbyterian Seminary, they will support the student in the amount indicated below per year of study. If the promised amount is not paid when due, the student will be dismissed from the seminary, and, subject to applicable U.S. law, may be ineligible to remain in this country.

International students must begin enrollment in the fall term. **A student deposit is required by May 1 to begin study in September.** Funds from individuals or family sources must be documented by bank statements. Churches and other organizations must send an official letter that guarantees the funds being offered.

Student's Sources of Funds	Assured Support	Future Support			Official certification of sources of funds and amounts.
		<i>Please indicate your good-faith estimate for expected years of study</i>			
	2018-2019	2019-2020	2020-2021	2021-2022	By signing below, I certify that the information given by me is true, and that the funds are available. As a sponsor or authorized employer, I certify that the funds will be provided as promised.
Personal/Family Funds Name of Bank _____ <i>Bank statement must be attached.</i>					<i>Signature of Bank Official</i> _____ Title: _____ Name of Bank: _____ City/Country: _____ Date: _____
Authorized Employer Company _____ Supervisor _____ <i>Letter must be attached.</i>					<i>Employer's signature is required per statement above.</i> Signature: _____ Address: _____ Date: _____
Sponsor Name: _____ <i>A letter of sponsorship indicating when funds will be sent must be attached.</i>					<i>Sponsor's signature is required per statement above.</i> Signature: _____ City/Country: _____ Relationship to student: _____ Date: _____
Sponsor Name: _____ <i>A letter of sponsorship indicating when funds will be sent must be attached.</i>					<i>Sponsor's signature is required per statement above.</i> Signature: _____ City/Country: _____ Relationship to student: _____ Date: _____

The information above will be used to calculate the student's financial resources, less any institutional financial aid which may be offered.

I hereby certify that the information above is true and accurate to the best of my knowledge.

Signature _____ Date: _____

THIS FORM MUST BE RETURNED TO: Union Presbyterian Seminary, Admissions Office, 3401 Brook Road, Richmond, VA 23227 USA IN ORDER FOR THE STUDENT'S APPLICATION TO BE COMPLETE.