

A CERTIFICATE OF ELIGIBILITY (1-20 or IAP-66) will not be authorized until this form is completed and returned to Salem. Salem 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.

Legal name: _____
Last Middle First

Academic Exchange Visitor Immigrant Diplomat or Official Other (Specify) _____

Student's Sources of Funds

(PRINT all amounts in U.S. dollars.) All signatures below certify that the parties have read the information furnished by the application on this form, acknowledge the information to be true and accurate and that the funds indicated are available and will be provided as indicated.

Certificate of Finance Statement

Source	Assured Support		Projected Support	
	First Year	Second Year	Third Year	Fourth Year
1. Personal or Family Savings _____ Printed Name of Bank _____ Printed Name of Bank Official _____ Signature of Bank Official				
2. Parents (other than savings) _____ Printed Name of Parent _____ Signature of Parent				
3. Sponsors (other than Parents) _____ Printed name of Sponsor _____ Signature of Sponsor				
4. Government Support _____ Name of Agency <small>(Enclosed is a copy of your letter of award with this statement.)</small>				
TOTAL	\$	\$	\$	\$

Other Information:

What is the present exchange rate of your country's currency to the U.S. dollar? _____=\$1 U.S.

Does your government currently impose restriction on exchange and release of funds for study in the United States? yes no

Do you have a source for emergency funds once you arrive in the United States? yes no If yes, whom and amount available: _____

Who will pay for your transportation to the United States? _____

What is the total amount of money you expect to have when you arrive at Salem? _____

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 to Salem College.

Signature of Student Date

For Office Use Only

This is to certify that I have reviewed the declaration and attached appropriate document, and approve issuance of a CERTIFICATE of ELIGIBILITY.

Signature of Salem Official _____ Title _____ Date _____