

2010-11 International Student Certification of Finances Guidelines

Please read prior to completing this form.

The purpose of the *Certification of Finances* is to help colleges and universities obtain complete and accurate information about the funds available to international applicants who want to study in the United States. Strict government regulations, rising education costs and economic conditions have made verifying the financial resources of international applicants essential. Institutions do not have the option of deciding whether to verify the financial resources of their international applicants; financial verification must be made prior to institutional issuance of a Certificate of Eligibility (Form I-20 or DS-2019).

This form is designed to standardize financial information provided by applicants to colleges, universities and U.S. consuls. By completing this form and returning it to the college/university requiring it, an applicant, if admitted, may obtain that college's authorization and issuance of a Certificate of Eligibility (Form I-20 or DS-2019). If parents and/or sponsors are unable to obtain a bank official's verification, it is recommended that institutions forward a copy of the International Student Financial Aid Application to the family for completion. The institution should attach a copy of this certification to the Certificate of Eligibility. U.S. consuls scrutinize the statements of financial resources given by nonimmigrant visa applicants. This certification will help such officials make their decisions and expedite visa issuance.

Return this form directly to the college that provided or requested it. Do not send it to the College Board.

The space below is for optional use by issuing institutions for listing student's expected annual budget.



Undergraduate Billed Expenses (2009–2010)

Tuition	\$39,150
Room and Board	\$12,040*
Matriculation Fee	\$ 500 (onetime fee only)

Undergraduate Indirect Expenses (2009–2010, estimated)

Books and Supplies	\$1,200
Health Insurance	\$1,634
Other Personal Expenses	\$2,500
Travel Expenses	\$200–\$1,400**

*University room and board charges are based on type of room selected, location, and meal plan. Shown above is an estimate for a typical room and a 14-meal/Dining Dollars meal plan.

**Travel expenses depend on distance and frequency.

Applicants who cannot show \$65,000 available for the 2010–2011 school year should apply for need-based financial aid. Please note that our financial aid funds are very limited. Actual 2010–2011 costs are likely to be less than \$65,000 but this amount ensures no delay in issuing the I-20 form.

Johns Hopkins University is committed to recruiting, supporting, and fostering a diverse community of outstanding faculty, staff, and students. As such, Johns Hopkins admits students of any race, color, gender, religion, age, national or ethnic origin, disability, marital status, or veteran status to all of the rights, privileges, programs, benefits, and activities generally accorded or made available to students at the university. It does not discriminate on the basis of race, color, gender, marital status, pregnancy, ethnicity, national origin, age, disability, religion, sexual orientation, gender identity or expression, veteran status, or other legally protected characteristic in any student program or activity administered by the university, including the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other university-administered programs or in employment. Defense Department policies regarding sexual orientation in ROTC programs conflict with this university policy. Because ROTC is a valuable component of the university that provides an opportunity for many students to afford a Johns Hopkins education, to train for a career, and to become positive forces in the military, the university, after careful study, has continued its ROTC program but encourages a change in the federal policy that brings it into conformity with the university's policy.

Questions regarding Title VI, Title IX, and Section 504 should be referred to the Office of Institutional Equity, 130 Garland Hall, Telephone: (410) 516-8075, TTY: (410) 516-6225.

Ethics Statement

The Johns Hopkins community has a reputation for academic excellence, new discovery, and independent thoughts. The strength of this community lies fundamentally in the distinguished academic integrity of the university. A commitment to the principles of truth and honesty is essential to the goals of the university. Only through truth and honesty can the authorship, freedom, and collaboration that characterize and strengthen the university continue to thrive. It is the personal responsibility of all members of the Homewood campus—students, faculty, and staff—to uphold the ethical standards of the institution.

<p>1. YOUR NAME Mr. _____ Ms. _____ Mrs. _____ Miss _____ FAMILY (Surname) GIVEN (First) MIDDLE <small>(Circle one)</small></p> <p>2. PERMANENT ADDRESS _____ _____</p> <p>3. MAILING ADDRESS _____ (If different from above) _____</p>	<p>4. DATE OF BIRTH</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> </table> <p>5. PLACE OF BIRTH (country) _____</p> <p>6. COUNTRY OF CITIZENSHIP _____</p>	MONTH	DAY	YEAR	<p>7. EXPECTED VISA TYPE</p> <p><input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> J-1 <input type="checkbox"/> J-2 <input type="checkbox"/> G-1 <input type="checkbox"/> G-2 <input type="checkbox"/> G-3 <input type="checkbox"/> G-4 <input type="checkbox"/> H Other (specify) _____</p>
MONTH	DAY	YEAR			

8. Enter the expected amount of annual support from the sources listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.

STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT	PROJECTED SUPPORT				9. OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS
	2010-11	2011-12	2012-13	2013-14		
8a. PERSONAL OR FAMILY SAVINGS						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 and will be provided as indicated. SIGNATURE OF BANK OFFICIAL _____ TITLE _____ NAME OF BANK _____ ADDRESS OF BANK _____ DATE _____
_____ NAME OF BANK A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.						
8b. PARENTS						Parent's signature is required (see certification statement above). SIGNATURE OF PARENT _____ ADDRESS _____ DATE _____
Money available from sources other than savings. _____ FATHER'S NAME _____ MOTHER'S NAME Please describe the source: _____						
8c. SPONSORS						Sponsor's signature is required (see certification statement above). SIGNATURE OF SPONSOR _____ ADDRESS _____ RELATIONSHIP OF SPONSOR TO STUDENT _____ DATE _____
Money available from sources other than parents. _____ SPONSOR'S NAME _____ SPONSOR'S NAME Please describe the source: _____						
8d. YOUR GOVERNMENT						13. How will you pay for your transportation to the U.S.? _____ 14. What is the total amount of money you expect to have when you arrive at this institution? . . . U.S. \$ _____ 15. Do you plan to remain in the U.S. during the summer? <input type="checkbox"/> Yes <input type="checkbox"/> No 16. If remaining in the U.S., do you plan to attend summer school? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. What are the sources and amounts of support available to you during the summer? AMOUNT SOURCES: _____ U.S. \$ _____ _____ U.S. \$ _____ _____ U.S. \$ _____ _____ U.S. \$ _____
_____ NAME OF AGENCY Enclose a signed copy of your letter of award with this form.						
TOTAL ▶	\$	\$	\$	\$		

10. What is the present exchange rate of your country's currency to the U.S. dollar (for example, 3,100 pesos = \$1)? _____ = \$1

11. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? Yes No **If YES, describe restrictions.** _____

12. Do you have a source for emergency funds once you arrive in the U.S.? Yes No **If YES, name source.** _____
 Amount available _____ in U.S. dollars \$ _____

18. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) will not be authorized until this form is completed and returned to the institution to which you are applying. 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.

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 _____

FOR OFFICE USE ONLY

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility.
 SIGNATURE OF COLLEGE OFFICIAL _____ TITLE _____
 NAME OF INSTITUTION _____
 ADDRESS _____ DATE _____