# **Verification of Financial Support (International Student)**

Connecticut College is required by the federal government to verify that international students' financial resources are adequate to cover the anticipated cost of their period of enrollment. The cost would include tuition, room, board, fees, textbooks, travel and etc.) Verification is a necessary prerequisite to our issuing a Certificate of Eligibility (Form I-20 or DS-2019). It is not optional.

Please provide the information and signatures as outlined below. You may then upload this document and any supplemental materials to your Connecticut College application portal. The Verification of Financial Support (VFS) must be on file by the application deadline.

1. Your Name									
Mr. Ms. Mrs.	Miss								
Family/Surname		Given/First			Middle				
2. Date of Birth	Month		Day		Year				
3. Country of Birth									
4. Country of Citizenship									
5. Expected Visa Type	F-1	F-2	J-1	J-2	G-1	G-2	G-3	G-4	Н
	Other	Please spe	ecify						

#### 6. Sources of Funds for Your Education at Connecticut College

Instructions: List amounts for each of the sources below in U.S. dollars.

a. Savings (personal and/or family savings	Assured Support Year ONE	Year TWO	Projected Support Year THREE	Year FOUR			
Name of Bank	\$	\$	\$	\$			
I confirm that I have reviewed the above information provided by the applicant. I further confirm that the funds are available and will be provided accordingly.							
Signature of Bank Official			Date				
Title							
Address of Bank							

## b. Other

of award with this form.

### Parents (Funds listed here must be in addition to "Savings" listed in 6a.)

	Assured Support  Year ONE Year T		rt Year TWO	Projected Support  NO Year THREE Year F		
Parent 1	Name:	\$	\$	\$	\$	
Relationship	to you:					
What is the	source of their funds:					
Parent 2	Name:	\$	\$	\$	\$	
Relationship	to you:					
What is the s	source of their funds:					
	at I have reviewed the above info ailable and will be provided acco		l by the applicant.	. I further confirm	that the	
Signatures:	Parent 1	Date:	Parent 2		Date:	
P	arent 1 Address:		Parent 2 Address	:		
Sponsors (i.e	e. from sources other than p	oarents) Assured Suppo Year ONE	ort Year TWO	Projected Suppor	<b>t</b> Year FOUR	
Sponsor 1	Name:	\$	\$	\$	\$	
Relationship	to you:					
Please descril	be the source of the funds:					
Sponsor 2	Name:	\$	\$	\$	\$	
Relationship	to you:					
I confirm tha	be the source of the funds:  at I have reviewed the above info					
Signatures:		Date:	Sponsor 2		Date:	
Sponsor 1 Ac	ldress:	Sı	ponsor 2 Address:			
Your Govern	nment			D 1 1 10		
		<b>Assured Suppo</b> Year ONE	Year TWO	Projected Support Year THREE	t Year FOUR	
Name of Age	ncy:	\$	\$	\$	\$	
Enclose a sign	ned copy of your letter					

Other (specif	y source)	Assured Support	rt Year TWO	<b>Projected Support</b> Year THREE	Year FOUR
Source 1	Name:	\$	\$	\$	\$
Relationship t	o you:				
What is the so	ource of their funds:				
Source 2	Name:	\$	\$	\$	\$
Relationship t	o you:				
I confirm tha		Date:	by the applicant.  Sponsor 2  onsor 2 Address:		hat the funds are Date:
	TOTAL	Assured Support Year ONE	Year TWO	Projected Support Year THREE	Year FOUR
	(from all sources)	\$	\$	\$	\$
	enmental restrictions impose in the U.S.? If so, please descr	• •	e country that	apply to your abi	ility to access
<b>8.</b> Will you be able to a amount that would be	access emergency funds, if n available.	eeded, in the U	S? Is so, please	specify the sourc	ce and the dollar
<b>9.</b> Do you plan to rem	ain in the US during the sun	nmer? If so, ple	ase provide the	e following inform	nation:

**Estimated Amount:** 

.00

.00

.00

.00

No

U.S. \$

U.S. \$

U.S. \$

U.S. \$

Yes

Sources of Financial Support:

Do you plan to attend summer school while in the U.S.?

#### **10.** Signature of Student:

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. Date: Month Day Year For Official Use Only\_ **Connecticut College Financial Aid Award Amount: \$** (Academic Year: ) **Connecticut College Merit Aid Award Amount:** (Academic Year: ) Signature of College Official This is to certifyt hat I have reviewed the declaration and attached documents, if Title appropriate, and approve issuance of a Certificate of Eligibility. Name of Institution

Address

Date