



Diocese of Davenport

Office of Pastoral Services
780 W. Central Park Ave. Davenport, IA
52804
563-324-1912 ext. 256
563-324-5811 fax
Trujillo@davenportdiocese.org
Website: www.davenportdiocese.net

All admission applicants from foreign countries must submit this form.

A CERTIFICATE OF ELIGIBILITY (I-20) will not be authorized until this form is completed and returned to the Diocese of Davenport. 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. Consulate to obtain a visa.

RETURN TO:
Office of Pastoral Services, Diocese of Davenport
780 W. Central Park Ave. Davenport, IA 52804 USA

Declaration of Finances *Confidential*

Student Information

Use typewriter or print legibly in ink.

Name _____
Last (family) First Middle

Home Address _____
Number Street Town/City
Providence/State Country

Phone number (home country) _____ Email _____

Student Sources of Funds

This school estimates the students average costs for an academic term of _____ (up to 12) month(s) to be:

- a. Tuition and Fees: \$ _____
 - b. Living Expenses: \$ _____
 - c. Other (specify) \$ _____ (cost of uniforms, books, fundraising)
- EXPENSE TOTAL** \$ _____ (this total must be lower than the income total)

This school has information showing the following as the student's means of support, estimated for an academic term of _____ months. (Use the same number of months given above).

- a. Student/family personal funds \$ _____
- INCOME TOTAL** \$ _____ (should be more than Expense Total listed above)

Enter amounts in US dollars. Please PRINT all entries.
Use an additional sheet of paper for explanations if necessary.

**ASSURED
SUPPORT**

PROJECTED SUPPORT

First Semester

Second Semester

Personal or Family Savings

Name of Bank _____

A bank official's signature is required on the certification on reverse if the student is partially or fully supported by personal savings.

Parents and/or Sponsors

Name _____

Name _____

Parent of sponsor signature is required.

Your Government

Name of Agency _____

Enclose with this form a signed copy of your letter of award.

This Institution

Type of Award _____

Other (specify) _____

Enclose with this form a signed affidavit from an authorized person to certify accuracy of this entry.

Each of these totals should equal the institution's estimate of expenses for one year.

TOTAL \$ _____ \$ _____

What is the total amount of money you expect to have when you arrive at this institution? US \$ _____

What are the sources and amounts of support available to you during the summer?

AMOUNTS

Sources _____ US \$ _____

_____ US \$ _____

_____ US \$ _____

Official Certification of Sources of Funds and Amounts

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.

Signature of Bank Official _____

Title _____

Name of Bank _____

Address of Bank _____

Telephone _____

Fax _____

Email _____

Date _____

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, that the funds are available and will be provided as indicated.

Signature of Guarantor _____
Parent or Sponsor

Address _____

Relationship of Guarantor to Student _____

Telephone _____ Fax _____

Email _____

Date _____

I certify that the information provided here is correct and complete.

Signature of Student _____

Date _____

Request for guardian if parent(s) are not in the United States:

Please provide a written, signed and dated letter of intent from the guardian of the student stating that they will be responsible for all academic costs and any other costs that would be needed while the student is attending our school including costs for medical emergencies. Please include name of guardian, address, phone, student name, school name and city on the letter of intent.

If an appointment is needed to review proper paperwork please call 563-324-1912 ext. 256 to schedule a date and time. NO WALK-IN'S.

School:

Contact Diocese of Davenport when student arrives so a updated I-20 can be processed.

**All areas listed above are required information in order for an I-20 to be issued. A copy of this information is required to be given to the consulate with your I-20 for your appointment.