



# 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](mailto:Trujillo@davenportdiocese.org)  
Website: [www.davenportdiocese.net](http://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.