

SOURCES OF SUPPORT (in US dollars)**1st year****2nd year****3rd year****4th year**

1. Personal and/or Family Savings Name of bank: _____ <i>Note: A bank official's signature on the certification below and a current bank statement, which must be attached to this form, are required if student is supported in part or in whole by personal funds.</i>				
2. Parents and/or sponsors Print name of each person: _____ <i>Note: Signature of person/sponsor required below. Supply bank certification as above and attach current bank statement to this form.</i>				
3. Your Government Print name of agency: _____ <i>Note: Enclose with the form a signed copy of your letter of award.</i>				
4. University Award from: Print type and amount of award: _____				
5. Other Please specify: _____ <i>Note: Enclose a signed affidavit from authorized person to certify accuracy.</i>				
TOTALS	FOR MINIMUM ADEQUATE CERTIFICATION OF FUNDING, THE FIRST YEAR MUST EQUAL THE TOTAL COST ESTIMATES INDICATED ON OPPOSITE OF THIS FORM UNLESS ACCOMPANIED BY DEPENDENTS(S). DEPENDENT AMOUNTS MUST BE ADDED TO THIS AMOUNT AND STATED IN 1 ST YEAR COLUMN. ALL DOCUMENTATION MUST BE SUBMITTED IN ENGLISH.			

Enter the total amount of money you expect to have when you arrive at this university (tuition, fees, and university room rent are due at registration): _____

Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available. Bank Official's Signature and Seal: _____ Date: _____

Title: _____

Name of Bank: _____

Address of Bank: _____

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available. Sponsor's Signature: _____ Date: _____

Sponsor's name (printed): _____

Relationship of Sponsor to Applicant: _____

Address: _____

This is to certify that the total amount of money that I have available for my first academic year of study at Emory University (including funds for spouse and children if applicable) is U.S. \$ _____, and that the total amount available for each subsequent year of study at Emory University is U.S. \$ _____. Further, I certify that the above information provided is correct and complete and that I will not require additional financial assistance from Emory University.

Student Signature: _____ Date: _____