

2025/2026 Declaration of Finances

Please type or print				
Student Name (as written in passport):	(Last/family)	(First)	(Middle, if any	
Mailing Address :			, , ,	
Permanent Address:				
Phone Number:	Email Address:			
Date of Birth: City/Country of	f Birth	Country of Citizenship		
Note : This financial information is required both to	o obtain the Form I-20 (Certificate of Eli	igibility for a Student Visa) and t	o apply for a student visa.	
Student's Source of Funds	Assured Support 2025/2	2026	Notes	
Personal or Family Savings Name of Bank:		•	Please provide a letter from the bank showing that the funds are available dated within the last 3 months	
Your Parents of sponsors, or both: Name: Name: Source of Funds:			Please provide documentation for the source and amount of funds	
Your Government: Name of Agency:				
Mount Holyoke College Award				
Other Specify:				
TOTAL				
Certification: My signature certifies that I have read the inform provided as indicated and that I have the funds to		•	, and the funds will be	
Name:				
Address:				
My signature certifies that the information on this Student Signature:		Date:		
Signature of College Official:	Title: _			
	oke College, McCulloch Center for Glob 538-2072 Email: global@mtholy		South Hadley, MA 01075	