

# UNIVERSITY OF HAWAII AT HILO - Supplementary Information Form for International Students

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## CONFIDENTIAL FINANCIAL STATEMENT FORM FOR INTERNATIONAL APPLICANTS (SECTION C only)

INSTRUCTIONS: Attach official bank statement(s) if your bank will not complete the BANK VERIFICATION section. If sponsored by a government or private organization, a signed award letter is required. **Bank statements may not be more than 90 days old.** Mail-in completed form and documentation to the address above, or submit by fax or e-mail attachment.

Type or print clearly. Where not applicable, write "N/A"

Use names as listed on passport:

Family/ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

### SECTION A - EDUCATIONAL INFORMATION

1. List schools attended, and include the one you are now attending.

Name of Institution (do not use initials)	Location	From Month/Yr.	To Month/Yr.	Name of Diploma/Certificate	Date Received Month/Yr.
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Primary schools (no transcripts required):


Secondary or middle schools (no transcripts required):


2. What is your native language? \_\_\_\_\_ 3. What is the language spoken in your home? \_\_\_\_\_

4. How many years have you studied in a school where English is the language of instruction? \_\_\_\_\_

In secondary or middle school from (month) \_\_\_\_\_ / (year) \_\_\_\_\_

In university or college from (month) \_\_\_\_\_ / (year) \_\_\_\_\_ MM/DD/YY

5. If you have taken/ will take the Test of English as a Foreign Language (TOEFL) specify test date: \_\_\_\_\_

6. Why did you select the University of Hawaii at Hilo? \_\_\_\_\_

7. Provide additional information that may be helpful in evaluating your application, such as employment, talents, skills, fellowships or scholarships.

### SECTION B - APPLICANT'S CERTIFICATION

I certify that the information I have given on this form is complete and correct to the best of my knowledge and that I have not attended any educational institutions other than those listed. I understand that application materials will become the property of the University of Hawaii at Hilo and will not be returned to me nor be available for distribution.

Printed Name: \_\_\_\_\_

Signature (By entering your last name on this line, you agree that it is the same as your signature): \_\_\_\_\_ Date: (MM/DD/YY) \_\_\_\_\_

## SECTION C - CONFIDENTIAL FINANCIAL INFORMATION

Applicants requiring an I-20 or DS-2019 for the F-1 or J-1 (student) visa/status must complete this section. Non-immigrant student visa holders are required to document sufficient funds to provide for their academic studies in the United States.

I. Family/Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Permanent address in home country: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 e-mail address: \_\_\_\_\_

Do you plan to enter the U.S. from abroad?  No  Yes Do you currently hold a U.S. visa?  No  Yes If yes, type of visa: \_\_\_\_\_

Name of school that issued your last I-20 or DS-2019: \_\_\_\_\_

If in the U.S. give your SEVIS I.D. number: \_\_\_\_\_

If you plan to bring dependents, list their names and required information in the spaces below. Provide evidence that approximately \$4,000 per year/per dependent is available above the amount required for yourself:

Name	Birth Date	Country of Birth	Country of Citizenship	Relationship	Gender

II. Name of sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Yearly amount of support in U.S. \$: \_\_\_\_\_

By signing this affidavit of support, I (or my organization) agree to be financially responsible for the student indicated above by way of tuition, fees, living and any other relevant expenses for the duration of this student's enrollment at the University of Hawai'i at Hilo (or for \_\_\_ years).

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

(check one)

**III. BANK VERIFICATION** This is to certify that the  sponsor  applicant listed above is financially capable of the monetary support indicated above and if the funds are outside the U.S.A., there are no government restrictions regarding the release of the funds. This certification is offered with no responsibility on the part of this bank or financial agency.

Name of Account Holder \_\_\_\_\_ Type of Account \_\_\_\_\_ Date Opened (MM/YY) \_\_\_\_\_

Name & Address of Bank \_\_\_\_\_

Name of Bank Official \_\_\_\_\_ Title \_\_\_\_\_

Signature of Bank Official \_\_\_\_\_ Date \_\_\_\_\_ Bank Seal or Stamp