

UNIVERSITY OF HAWAII HILO • GRADUATE DIVISION

Graduate Division • 200 Kāwili St. • Hilo, HI 96720 Tel: (808) 932-7332, Fax: (808) 932-7338 • e-mail: hilograd@hawaii.edu • Web: hilo.hawaii.edu/academics/graduate

CONFIDENTIAL FINANCIAL STATEMENT FORM FOR INTERNATIONAL APPLICANTS

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.

Estimated Student Budgets : All tuition and fee charges at the University of Hawaii campuses are subject to change in accordance with State law and/or action by the Board of Regents or university administration. (See [Financial Aid](#) for the Estimated Annual Student Budgets for Non-Resident Students for the academic year you plan to enter. Please note that Health Insurance is also required so you must add an additional \$2500 to your budget.)

International Students (Not Pacific Island Exemption) Pacific Island Exemption: Futuna, Kiribati, Nauru, Niue, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Wallis

Program: _____

Type or print clearly. Where not applicable, write "N/A" Use names as listed on passport:

A.	Family/Last Name _____	First Name _____	Middle Name _____
Gender	_____		
<input type="checkbox"/> Male	e-mail address _____	Current Telephone _____	
<input type="checkbox"/> Female	Permanent Foreign Address _____		
Semester	Street _____	State/	County _____
<input type="checkbox"/> Fall	City _____	Postal	Code _____
<input type="checkbox"/> Spring	_____		
Year	Date of Birth _____	Place of Birth _____	Country of Citizenship _____
	MM/DD/YY	City and Country	
Country Issuing Passport _____	Country of Legal Permanent Residency _____		
Occupation _____	Name of Employer _____		
Personal funds available for first year of study (US\$) _____	If employed by home government, indicate whether city, provincial or central government.		
I agree to be financially responsible for my expenses at the University of Hawaii Hilo for the <u>duration of my study</u> and I will notify the Graduate Admissions Office of any change in my financial circumstances. Confirmation of the first year of support is provided as financial evidence. I certify the information provided on this form is correct and complete to the best of my knowledge.			
Signature of Applicant _____		Date _____	
		MM/DD/YY	

BANK VERIFICATION This is to certify that the 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 _____		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Name of Bank Official _____	Title _____	
Signature of Bank Official _____	Date _____	
Bank Seal or Stamp		

B. ACCOMPANYING DEPENDENTS

Indicate names as listed on passports and provide financial evidence of \$4,000 per dependent. If needed, attach sheet with additional dependent required information.

Relationship	Last Name/ Family Name	First Name	Place of Birth City and Country	Country of Citizenship	Date of Birth MM/DD/YY	Gender (Male or Female)
Spouse						
Child						
Child						
Other						

Other: Please specify Type of Relative (Parent/Uncle/Aunt etc.)

C. Please check one (if applicable)

Government Sponsor

Non-Governmental Organization (NGO) Sponsor

Attach a signed award letter indicating the duration and amount of the award.

Name of Organization _____

Yearly Monetary Support in U.S. \$ _____

D. Financial Sponsor

By signing below, I _____ agree to be financially responsible for the applicant listed in Section A

Printed Full Name of Sponsor

for the duration of his/her study at the University of Hawai'i at Hilo. Confirmation of the first year of support is provided as financial evidence.

I certify that the information provided below is correct and complete to the best of my knowledge.

If sponsor is not a U.S. citizen or permanent resident and is currently residing in the United States, indicate visa status _____

Relationship to Applicant _____ Occupation _____

Signature of Sponsor _____ Date _____

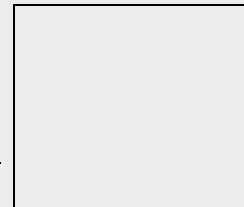
BANK VERIFICATION This is to certify that the applicant listed above is financially capable of the monetary support indicated above and if the funds are outside the U.S.A., there are no government restrictions regarding the release of the funds. This certification is offered with no responsibility on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

E. Secondary Financial Sponsor (If Any)

By signing below, I _____ agree to be financially responsible for the applicant listed in Section A

Printed Full Name of Sponsor

for the duration of his/her study at the University of Hawai'i Hilo. Confirmation of the first year of support is provided as financial evidence. I certify that the information provided below is correct and complete to the best of my knowledge.

If sponsor is not a U.S. citizen or permanent resident and is currently residing in the United States, indicate visa status _____

Relationship to Applicant _____

Occupation _____

Signature of Sponsor _____

Date _____

BANK VERIFICATION This is to certify that the 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) _____

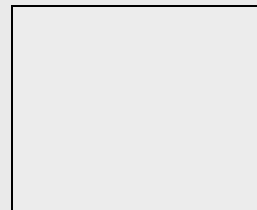
Name & Address of Bank _____

Name of Bank Official _____

Title _____

Signature of Bank Official _____

Date _____



Bank Seal or Stamp