Confidential Financial Information for International Applicants

(For application to Graduate Programs)

Graduate Division / 200 West Kawili St. Hilo, HI 96720-4091 / CoBE Building (Wai'ōlino) Room 201 / Phone: (808) 932-7927 / E-mail: hilograd@hawaii.edu

- Applicants requiring an I-20 or DS-2019 for the F-1 or J-1 (student) visa/status must complete this form.
- Non-immigrant student visa holders are required to document sufficient funds to provide for their academic studies in the United States. Documentation of support for the first year of study is required at time of application.
- Cost of attendance information is provided by the UH Hilo Financial Aid Office: https://hilo.hawaii.edu/financialaid/
- For program specific cost of attendance information, please contact hilograd@hawaii.edu

SECTION A: APPLICANT INFORMATION

Family/Last Name: First Name: Middle Name:

Email Address: Date of Birth (MM/DD/YYYY):

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 Institution that issued your last I-20 or DS-2019:

If currently in the U.S., what is your SEVIS I.D. Number?:

Personal funds available for first year of study (USD $):

Name of Employer:

If employed by home government, check whether ☐ city, ☐ provincial or ☐ central

I agree to be financially responsible for my expenses at the University of Hawai'i Hilo for the duration of my study 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.

Applicant Signature: Date (MM/DD/YYYY):

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.

☐ Check if Bank Statement Attached

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

Name & Address of Bank: Bank Seal or Stamp (If Applicable)

Name of Bank Official: Title:

Signature of Bank Official: Date:

SECTION B: ACCOMPANYING DEPENDENTS

Do you plan to bring any dependents? ☐ No ☐ Yes

If you plan to bring dependents, list their names and required information in the spaces below. Evidence is required showing approximately $4,000.00 per year/per dependent is available above the amount required for yourself.

Name	Birth Date	Country of Birth	City of Birth	Country of Citizenship	Relationship to applicant	Gender

SECTION C: GOVERNMENT SPONSORSHIP

Government or NGO Sponsor? ☐ No ☐ Yes (Attach a signed award letter indicating the duration and amount of the award)

If yes, please check one:

☐ Government Sponsor

☐ Non-Governmental Organization (NGO) Sponsor

Name of Organization: Yearly Monetary Support in USD $:

SECTION D: FINANCIAL SPONSOR

Financial Sponsor? ☐ No ☐ Yes ☐ Check if Bank Statement Attached

By signing below, I **(Printed full name of Sponsor)** agree to be financially responsible for the applicant listed in Section A for the duration of their study at the University of Hawaii 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:

Financial Sponsor BANK VERIFICATION This is to certify that the Financial Sponsor 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: Bank Seal or Stamp (If Applicable)

Name of Bank Official: Title:

Signature of Bank Official: Date:

SECTION E: SECONDARY FINANCIAL SPONSOR

Secondary Financial Sponsor? ☐ No ☐ Yes ☐ Check if Bank Statement Attached

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 their study at the University of Hawaii 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:

Secondary Financial Sponsor BANK VERIFICATION This is to certify that the Financial Sponsor 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: Bank Seal or Stamp (If Applicable)

Name of Bank Official: Title:

Signature of Bank Official: Date: