
PROOF OF SUPPORT INFORMATION

STUDENT'S NAME

MIDDLE

LAST

HOME ADDRESS

CITY

PROVINCE

POSTAL CODE

DATE OF BIRTH

PHONE

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

FINANCIAL SUPPORT CERTIFICATE

PROGRAM ASSURED SUPPORT

PERSONAL AND/OR FAMILY SAVINGS

NAME OF BANK: _____

NOTE: A bank official's signature is required on the certification below if the student is supported in part or whole by personal savings.

PARENTS AND/OR SPONSORS

Print name of each person: _____

YOUR GOVERNMENT

Print name of agency: _____

NOTE: Enclose with this form a signed copy of your letter of award.

OTHER

Please specify: _____

NOTE: Enclose a signed affidavit from an authorized person to certify accuracy.

TOTALS

Each of these totals should equal the estimate on the first page of costs for one academic year.

Enter the total amount of money you expect to have when you arrive at this institution: U.S. \$ _____

OFFICIAL CERTIFICATION OF SOURCES AND FUNDS AND AMOUNTS

A. This is to certify that i have read the information given by the applicant on the is form, that it is true and accurate, and that the funds are available.

BANK OFFICIAL'S SIGNATURE

DATE

BANK OFFICIAL'S NAME (PRINT)

TITLE

NAME OF BANK

ADDRESS OF BANK

B. This is to certify that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.

SPONSOR'S SIGNATURE

DATE

SPONSOR'S NAME (PRINT)

RELATIONSHIP OF SPONSOR TO APPLICANT

ADDRESS

I, (PLEASE PRINT) _____, certify that the total amount of money that I have available for my first academic year of study at Daemen College (including funds for spouse and children if applicable) is \$ _____, and that the total amount available for each subsequent year of study in the U.S. is \$ _____. Further, I certify that the above information provided is correct and complete and that I shall notify Daemen College of any change in my financial circumstances.

STUDENT'S SIGNATURE

DATE