

CONFIDENTIAL FINANCIAL INFORMATION FORM

PLEASE PRINT YOUR FULL NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT

Name: _____ **Date of birth:** _____
Family name (Surname) First (Given) Middle Month/Day/Year

Country of birth: _____ **City of birth:** _____

Country of citizenship: _____

Male _____ **Female** _____ **Single** _____ **Married** _____

If a spouse or children will be coming with you, please provide the information about each dependent you plan to bring:

Last name	First	Relationship Spouse/Child	Gender (M/F)	Date of birth	Country of birth	City of birth	Country of Citizenship
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Last name	First	Relationship Spouse/Child	Gender (M/F)	Date of birth	Country of birth	City of birth	Country of Citizenship
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Last name	First	Relationship Spouse/Child	Gender (M/F)	Date of birth	Country of birth	City of birth	Country of Citizenship
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Permanent Address (in your home country):

Address: _____

City : _____ Province/State: _____

Postal code: _____ Country: _____

Phone: _____ E-mail: _____

Current Address (in the United States, if any):

Address: _____

City : _____ Province/State: _____

Postal code: _____ Country: _____

Phone: _____

Can you pay your round-trip travel to the United States? Yes No

Do you plan to attend summer school? Yes No

Do you plan to live in campus housing? Yes No

Specify the amount in U.S. dollars that will be available to you for your education each year of your enrollment:

Personal funds \$ _____

Financial Support from a Sponsor \$ _____

Financial Support from a second Sponsor \$ _____

Financial Support from a third Sponsor \$ _____

Room and Board Provided by a Sponsor \$ _____

Financial Support from Government Agency or Organization \$ _____

Funds from East Carolina University \$ _____

Total amount of available funds \$ _____

By signing this form, I certify that the information above is complete and correct.

Signature

Date

How would you like to get your I-20?

MAIL Your I-20 Form will be mailed to the name and address you indicate in the address box.

HOLD FOR PICK UP by _____
Family name (Surname) First (Given) Middle

E-mail Phone number

Name		
Number/Street		
City	State/Province	Postal code
Country	E-mail	Phone number

AFFIDAVIT OF SUPPORT

I hereby certify that I am able, willing, and do promise to provide _____,
Name of the Student

who is my _____ with the minimum amount of _____,
Relationship to the Student

payable in U.S. dollars for tuition, fees and all other expenses during his/her studies at East Carolina

University. **I have attached the evidence of my financial ability in the form of a bank**

statement or bank letter.

Name of the Sponsor (Please print): _____

Signature: _____ Date: _____

AFFIDAVIT OF SUPPORT FOR ROOM AND BOARD BY A LOCAL PROVIDER

TO BE COMPLETED ONLY BY THE PERSON WHO OWNS OR RENTS THE PROPERTY

I hereby affirm that I own, rent or lease the property described below and that I will make it available free of charge to _____ for the duration of his/her studies at East Carolina University. **I have attached a photocopy of a lease, deed or rent receipts in my name.**

Name of the Student

My relationship to the student is: _____
Parent, Spouse, Brother, Sister, Friend etc.

Address of the residence offered to the student:

How many rooms are in the house or apartment? _____

How much space will be reserved for the exclusive use of the student? _____

I own rent this property. I reside at this property Yes No

I will not require any type of service to be provided in exchange for this benefit.

This declaration represents an equivalent of \$8,640 in cash toward support of the student.

Name of the Sponsor (Please print): _____

Signature: _____ Date: _____