



California Institute of Integral Studies

Certificate of Funding Form

Name _____
(as on passport) **Last** **First** **Middle**

Permanent Address _____
(in your home country)

Mailing Address _____
(if different from your permanent address)

Please provide information for all individuals requiring the F1 or F2 (dependent) SEVIS Form I-20 and a copy of the passport.

	Male or Female	NAME	DATE OF BIRTH (mm/dd/yyyy)	CITY AND COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	EMAIL ADDRESS (for adults only)
YOURSELF						
SPOUSE						
CHILD						
CHILD 2						

OFFICIAL CERTIFICATION OF SOURCES AND AMOUNTS OF FUNDING

STUDENT'S PERSONAL FUNDS	PROJECTED SUPPORT	REQUIRED VERIFICATION
NAME OF BANK:	\$	1. Original letter from your bank stating the available account balance. The letter must be on official letterhead, dated within the last six months, and include the bank's seal when applicable. 2. Complete (B) below.
SPONSOR'S FUNDS		
NAME:	\$	1. Original letter from your sponsor's bank stating the available account balance. The letter must be on official letterhead, dated within the last six months, and include the bank's seal when applicable. 2. If you sponsor can not sign the form, please include an original letter signed by your sponsor stating their support contribution. 3. Complete (A) below.
NAME OF BANK:		
NAME:		
NAME OF BANK:		
SCHOLARSHIP/ LOAN		
NAME OF GRANTOR/LENDER(S)	\$	1. Official award letter stating amount and duration of scholarship awarded. You do not need to print out your CIIS award letter. 2. Loan approval letter from granting institution stating loan amount. 3. Complete (B) below.
TOTAL FUNDS AVAILABLE	\$	PLEASE LIST IN U.S. DOLLARS

A. This is to certify that I (we) the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the California Institute of Integral Studies and that I (we) are submitting bank statements indicated the availability of these funds.

Sponsor's Signature _____ **Date** _____ Relationship to Applicant _____

Sponsor's Signature _____ **Date** _____ Relationship to Applicant _____

B. I understand that a Form I-20 will not be authorized until I have been fully accepted into a program of study. I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may cause for refusing or revoking admission.

Student's Signature _____ **Date** _____



California Institute of Integral Studies

BUDGET FORM FOR FINANCIAL PLANNING

This form is used to help **YOU** in your financial planning for the first 2 years of study in the U.S.
It is not required to receive the SEVIS I-20 Form

Travel to and from the U.S.	\$ _____	\$ _____
Tuition Academic Year = Fall and Spring semesters	\$ _____	\$ _____
Summer semester (May through August) <i>(Summer is required for SUS, PsyD, ACTCM pgms.)</i>	\$ _____	\$ _____
Therapy (1 year required if counseling student) <i>(min. approx. \$3000 for 50 visits)</i>	\$ _____	\$ _____
Room and Board (for 12 months)	\$ _____	\$ _____
Transportation (for 12 months)	\$ _____	\$ _____
Books, Supplies & Fees	\$ _____	\$ _____
Miscellaneous expenses (for 12 months)	\$ _____	\$ _____
Expenses for dependents <i>(if applicable, for each adult and child)</i>		
Travel	\$ _____	\$ _____
Room and Board (12 months)	\$ _____	\$ _____
Miscellaneous fees (12 months)	\$ _____	\$ _____
Child care and schooling	\$ _____	\$ _____
SUBTOTAL OF COSTS	\$ _____	\$ _____
Unexpected and emergency expenses <i>(please use 10% of subtotal costs)</i>	<input type="text"/>	
TOTAL COST PER YEAR	\$ _____	\$ <input type="text"/>
AVAILABLE FUNDS		
Personal Funds	\$ _____	\$ _____
Sponsors _____	\$ _____	\$ _____
TOTAL FUNDS AVAILABLE	\$ <input type="text"/>	\$ <input type="text"/>
ADDITIONAL FUNDS NEEDED* (CIIS Scholarship award not guaranteed)	\$ <input type="text"/>	\$ <input type="text"/>