



**PLEASE PRINT OR TYPE THE FOLLOWING SECTION(except signatures)**

Sources of Financial Support	Amount in U.S. Dollars	
1. Personal and/or family savings (a bank official's <b>notarized</b> signature below or on an attached letter of certification is required if the applicant will be supported in whole or in part by personal family savings. Support is offered for a total of _____ months.	\$ _____	
2. Government Sponsor (Print name of agency) _____ (Enclose signed copy of letter certifying sponsorship)	\$ _____	THIS SPACE IS FOR NOTARY STAMP AND SIGNATURE
4. Other (Specify below and enclose a signed certification.) _____ _____ _____	\$ _____ \$ _____ \$ _____	

**THE SECTION BELOW MUST BE COMPLETED BY ALL APPLICANTS BANK AND SPONSOR'S OFFICIAL CERTIFICATION OF SOURCES OF FUNDS**

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

Parent or sponsor's signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or sponsor's name (PRINT): \_\_\_\_\_

Relationship of sponsor to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate and that the funds are available:

Bank official's signature: \_\_\_\_\_ Title: \_\_\_\_\_

Bank official's name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Name and address of bank: \_\_\_\_\_  
(Include bank stamp or seal.)

I certify that the information I have provided is correct and complete and that I shall not require additional financial assistance from the University of Florida. If any of the information changes prior to my enrollment at the ELI, I will immediately notify the ELI. I understand that making false or fraudulent statements within this Certification of Financial Responsibility may result in disciplinary action.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_