

**CONFIDENTIAL FINANCIAL STATEMENT FORM FOR INTERNATIONAL APPLICANTS**

INSTRUCTIONS: Attach copies of your and your dependents (if any) passport bio-data page. Attach original current official bank statement(s) in U.S. dollars or request your bank to complete the BANK VERIFICATION section. If sponsored by a government or private organization, an original signed award letter is required. **Bank statements may not be more than 60 days old.** Mail-in completed form and documentation to the address above.

<b>Academic Year 2020-21 Estimated 9 Month Budgets</b> are based on minimum full-time enrollment of <b>8 credits per semester</b> as defined by the Graduate Division (excluding summer), mandatory fees, and the <b>cost of attendance</b> as estimated by the UHM Financial Aid Services. Additional tuition is assessed if you enroll for more than 8 credits per semester and summer sessions.		
<b>Other graduate programs.....</b>	<b>Graduate Architecture.....</b>	<b>Graduate Nursing program....</b>
\$41,029.00	\$42,029.00	\$48,933.00

All [tuition](#) and fee charges at the University of Hawai'i campuses are subject to change in accordance with requirements of State law and/or action by the Board of Regents or university administration.

TYPE OR PRINT CLEARLY. WHERE NOT APPLICABLE, WRITE "N/A".

<input type="checkbox"/> Fall 2020 <input type="checkbox"/> Spring 2021	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Intended Graduate Program</b>	<b>Degree Objective</b>
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**A. APPLICANT INFORMATION AND FUNDING**

**Legal Name**  
 Use names as listed on passport: Family/Last \_\_\_\_\_ First \_\_\_\_\_ Full Middle \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Current Telephone** \_\_\_\_\_

**Permanent Foreign Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State / Country** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_  
MM / DD / YY City and Country

**Country Issuing Your Passport** \_\_\_\_\_ **Country of Legal Permanent Residency** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Name of Employer** \_\_\_\_\_  
If employed by home government, indicate whether city, provincial or central government.

<p><b>Funds available for first year of study:</b></p> <p><b>US\$</b> _____</p> <p>Funds are from: (Check all that apply.)</p> <input type="checkbox"/> Self/Applicant <input type="checkbox"/> 1 <sup>st</sup> Sponsor <input type="checkbox"/> 2 <sup>nd</sup> Sponsor <input type="checkbox"/> Other: _____	<p>I agree to be financially responsible for my expenses at the University of Hawai'i at Mānoa for the <u>duration of my study</u> and I will notify the Graduate Division-Student Services 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.</p> <p>_____                  Applicant Signature <span style="float: right;">Date</span></p>
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**BANK VERIFICATION for Applicant (if any):** 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. Attach bank statement if unable to obtain bank verification.

**Name of Account Holder** \_\_\_\_\_ **Type of Account** \_\_\_\_\_ **Date Opened (MM/YY)** \_\_\_\_\_

**Address of Bank** \_\_\_\_\_

**Name of Bank Official** \_\_\_\_\_ **Title** \_\_\_\_\_

**Bank Official Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Bank Seal or Stamp** \_\_\_\_\_

**B. ACCOMPANYING DEPENDENTS**

Indicate names as listed on passports and provide financial evidence of \$6,000.00 per dependent. If needed, attach sheet with additional dependent required information.

	Last Name / Family Name	First Name	Place of Birth City and Country	Country of Citizenship	Date of Birth MM/DD/YY	Gender Male or Female
Spouse						
Child						
Child						
Child						

<b>For Office Use DSO/DATE:</b>	<input type="checkbox"/> Initial Attendance	<input type="checkbox"/> UHM J-1 Sponsorship	<input type="checkbox"/> Refer to ISS	<input type="checkbox"/> Denied
	<input type="checkbox"/> School Transfer	<input type="checkbox"/> Other J-1 Sponsorship	<input type="checkbox"/> Visa not required	

<b>Name of Applicant</b> _____	<b>Date of Birth (MM/DD/YY)</b> _____
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**C. If applicable, please check one:**

**GOVERNMENTAL SPONSOR**       **NON GOVERNMENTAL ORGANIZATION (NGO) SPONSOR**

**Name of Organization** \_\_\_\_\_

Attach an original signed award letter indicating the duration and amount of award.

**D. PRIMARY SPONSOR**

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 his/her study at the University of Hawai'i at Mānoa. 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 are currently residing in the United States, indicate visa status \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Sponsor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**BANK VERIFICATION for Primary Sponsor**

This is to certify that the 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. Attach bank statement if unable to obtain bank verification.

**Name of Account Holder** \_\_\_\_\_ **Type of Account** \_\_\_\_\_ **Date Opened (MM/YY)** \_\_\_\_\_

**Address of Bank** \_\_\_\_\_

**Name of Bank Official** \_\_\_\_\_ **Title** \_\_\_\_\_

**Bank Official Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Bank Seal or Stamp**

**E. SECONDARY SPONSOR (IF ANY)**

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 his/her study at the University of Hawai'i at Mānoa. 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 are currently residing in the United States, indicate visa status \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Sponsor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**BANK VERIFICATION for Secondary Sponsor**

This is to certify that the 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. Attach bank statement if unable to obtain bank verification.

**Name of Account Holder** \_\_\_\_\_ **Type of Account** \_\_\_\_\_ **Date Opened (MM/YY)** \_\_\_\_\_

**Address of Bank** \_\_\_\_\_

**Name of Bank Official** \_\_\_\_\_ **Title** \_\_\_\_\_

**Bank Official Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Bank Seal or Stamp**