

JAMES MADISON UNIVERSITY—OFFICE OF INTERNATIONAL ADMISSIONS MSC 6702, 100 East Grace Street – HARRISONBURG, VA 22807

FINANCIAL DECLARATION AND CERTIFICATION FORM

Student's Name:(Last)	(First)		(Middle)
Permanent Address:			
Mailing Address:			
Date of Birth/ Country of Birth		Citizenship	
Term you plan to enrollFall/Spring Year	Program of		
Marital Status: Single Married			
The following dependents will accompany me:			
NAME	RELATIONSHIP		_
	CE AND AMOUNT OF SUIts in U.S. dollars in the approp	_	
Source of Funding PERSONAL FUNDS: A bank official's signature and seal are required below.		Amount for First Calendar Year U.S. \$	
PARENTS AND/OR SPONSORS: Name, Relationship and signature of parents and/or sponsors who are supporting you. A bank official's signature and seal are required.		U.S. \$	
GOVERNMENT AGENCY: Print name of gover	nment or agency:		
A signed copy of your award must be enclosed with this form.		U.S	S. \$
TOTAL: Total must equal James Madison University's estimate of expenses for one year as outlined in the general instructions.		U.S	S. \$
I certify that the statements given on this form are	complete and accurate.		
Applicant's Signature		Date/	
OFFICE This is to certify that I have read the above inform specified by the applicant are currently available.		and that it is true an	
Parents' Signature	Date	//_	AFFIX SEAL HERE
Sponsors' Signature	Date	//_	
Bank Official's Signature	Date	//_	
Bank Official's Name		<u></u>	
Bank Official's Title		<u></u>	
Name and Address of Bank			