

## FINANCIAL CERTIFICATE

It is the applicant's responsibility to demonstrate that sufficient funding is available to meet all educational and living expenses for the duration of study. Chiron Training Center will issue an I-20 Form only after this form has been completed, certified and returned to us with the necessary supporting documents. Chiron Training Center need the original financial certificate, no copies will be accepted. If you have more than one sponsor, you must have a separate certified financial certificate for each sponsor.

Student's Name (Please Print)

Family Name

First Name

Middle Name

Date of Birth

**THIS SECTION MUST BE COMPLETED BY THE SPONSOR OR SPONSORING ORGANIZATION**

Sponsor's Name (Please Print)

Address

Relationship to Applicant

I certify that I will provide financial support in the amount of at least \$3,000 per 6-week session (\$18,000 for a full academic year of 12 months consisting of seven 6-week sessions) plus any increases due to inflation for tuition, living, and personal expenses for the above student. I understand that this statement is made for the purpose of issuing a US Governments visa document and if I don't provide the support guaranteed, Chiron Training Center is not under any obligation to support the student and that he/she will likely be unable to continue his/her studies if unable to accept financial responsibility themselves.

Sponsor's Signature

Date

This signature must be witnessed by a notary, bank official, or other person who authorized to administer oaths  
 Witnessed by me, this                      day of                      , 200                      .                      Seal

Signature of Official

Title of Official

**THIS SECTION MUST BE COMPLETED BY THE STUDENT**

I certify that I will undertake all financial responsibilities for my education and living expenses and that the information given on this form is true and complete to the best of my knowledge. I understand that Chiron Training Center is under no obligation to support me if my sponsor fails to do so, and it is likely that I will be unable to continue my studies if I cannot accept the responsibility myself.

Student Signature

Date

**THIS SECTION MUST BE COMPLETED BY THE SPONSOR'S BANK**

**(or you may wish to attach an original letter on a bank letterhead certifying financial ability)**

This is to certify that (sponsor's name) \_\_\_\_\_ is a customer of (bank's name) \_\_\_\_\_  
 \_\_\_\_\_ . His/her account(s) was/were opened on (date) \_\_\_\_\_ and for the past year have  
 shown an average balance equal to \$US \_\_\_\_\_. The funds currently in this/these account(s) total US\$ \_\_\_\_\_

These funds are available for sponsoring the student named above.

Bank Seal or Stamp

Signature of Bank Official

Title

Date

Bank's Address

Return this application to: Chiron Training Center, 30 Montgomery Street, Suite 950, Jersey City, NJ USA tel: (888)249-2930