

**Eastern Mennonite University**  
**Financial Certification Form**  
for the MA in Health Care Management Program

Please list all sources of your financial support in U.S. dollars. Please type or print all entries, using an additional sheet of paper for explanations if necessary.

**Include certified bank or income statements documenting the funds listed and/or letters of support from funding organizations or sponsors.**

Applicant's name:

*Last/Family/Surname*

*First/Given/Personal*

*Middle*

| Sources of Funds<br>(In U.S. \$)  | Assured Support<br>1 <sup>st</sup> year | Projected<br>2 <sup>nd</sup> year | I certify that I have read this form, that it is true and accurate and that the funds are available and will be provided.   |
|---|---|-----------------------------------|---|
| From Savings<br>(Personal)<br><br>A bank official's signature is required to verify savings (see section at right). |   |                                   | Name of Bank Official _____<br>Signature of Bank Official _____<br>Title _____<br><br>Name of Bank _____<br>Address of Bank _____<br><br>Date _____   |
| From Family<br>(Printed or typed)<br><br>Name(s) _____<br><br>Please explain source:                                |   |                                   | Family member's signature is required.<br><br>Signature(s) _____<br>Address _____<br><br>Date _____<br>Please send a certified bank or employer statement to Verify that these funds will be available. |
| From Sponsor(s)<br>(Printed or typed)<br><br>Name _____<br><br>Name _____   |   |                                   | <b>Please have your sponsor(s) send a bank statement and/or a signed letter verifying the amount of their support.</b><br><br>Please explain source:  |

**Total support in U.S. \$** 1<sup>st</sup> year assured \_\_\_\_\_ 2<sup>nd</sup> year projected \_\_\_\_\_

**What is the total amount of money you expect to have when you arrive at Eastern Mennonite University?**  
U.S. Funds \$ \_\_\_\_\_

**Do you plan to remain in the U.S. during the summer?** YES \_\_\_\_\_ NO \_\_\_\_\_  
If remaining in the U.S., do you plan to attend summer classes? YES \_\_\_\_\_ NO \_\_\_\_\_

I certify that the information on this form is true, correct and complete. I understand that any misrepresentation may be the cause for refusing or revoking admission. I understand that all tuition and fees are expected to be paid at the beginning of each semester.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_