

**Simmons College School of Social Work, Admission Office**

300 The Fenway, Boston, MA 02115

Telephone: 617.521.3939 Fax: 617.521.3980

**CONFIDENTIAL DECLARATION AND CERTIFICATION OF FINANCES  
INTERNATIONAL APPLICANTS**

The Confidential Declaration and Certification of Finances (DCF) form is required of all incoming students who are not U.S. citizens or U.S. permanent residents. The DCF provides the necessary documentation to issue a Form I-20 for an F-1 Student Visa.

A Certificate of Eligibility (Form I-20 for an F-1 Student Visa or a Form IAP-66 for a J-1 Exchange Visitor Visa) will not be issued unless this form is completed and the necessary certifications are obtained. It is suggested that you make copies of this form and required documents before returning them to Simmons College School of Social Work, as you will need to show proof of adequate funding to U.S. Consular officials when applying for a visa.

**PART I: APPLICANT INFORMATION**

Applicant's Legal Name \_\_\_\_\_  
*Last* *First* *Middle Initial*

Address (to which I-20/IAP-66 should be sent):

\_\_\_\_\_  
*Number* *Street* *City* *Phone*  
 \_\_\_\_\_  
*State* *Zip/Postal Code* *Country* *Email*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_ Country of Permanent Residence \_\_\_\_\_

If you are presently in the U.S., describe your current immigration status (F, J, B, etc.) \_\_\_\_\_ and enclose copies of your immigration documents (e.g. I-94, IAP-66, I-797, etc.)

Are you currently studying in the U.S.? \_\_\_\_\_ If yes, please give the name of the school \_\_\_\_\_.

Marital Status: \_\_\_\_\_single \_\_\_\_\_married.

The information below is required for any dependents on your visa who will accompany you and remain with you during your time in the United States. Please note that you will need to provide evidence of \$250 per month per dependent for their support on the reverse side of this form.

| Name<br>(Last, First) | Relationship<br>to You | Date of Birth<br>(MM/DD/YY) | Place of Birth<br>(City/Country) | Citizenship |
|-----------------------|------------------------|-----------------------------|----------------------------------|-------------|
| _____                 | _____                  | _____                       | _____                            | _____       |
| _____                 | _____                  | _____                       | _____                            | _____       |

**PART II: ESTIMATE OF STUDENT EXPENSES** – Students who are in a program for more than one year will be required to submit an updated financial certification annually.

| 2013-2014<br>Academic Year                           | Tuition & Fees                     | Living Expenses          | Books & Supplies<br>and Health<br>Insurance | Total Expenses            |
|--|------------------------------------|--------------------------|---|---------------------------|
| MSW Program<br>(\$950/credit; 66-<br>credit program) | \$31,350<br>(fees: \$200 for year) | Room & Board<br>\$15,000 | Books \$1,000<br>Health Ins. \$4190         | <b>\$ 52,310/per year</b> |

**PART III: SOURCES OF SUPPORT**

Instructions: Complete the appropriate boxes to show sources and amounts of anticipated contributions to your educational and personal expenses while you are in the United States. For each source, follow the certification instructions in the box. Include anticipated contributions for each year of required study for your degree objective:

| SOURCES OF FUNDS  | ASSURED AMOUNTS IN U.S. DOLLARS – FIRST YEAR | PROJECTED AMOUNTS IN U.S. DOLLARS – SECOND YEAR |
|---|--|---|
| <b>PERSONAL SAVINGS:</b><br>An official letter from a bank, and a parent or sponsor’s signature is required on the certification below if the student is supported in part or in whole by personal savings. See instructions below. | \$   | \$  |
| <b>YOUR GOVERNMENT:</b><br>Please print name of agency: _____<br><br>Enclose with this form an original signed copy of your letter of award and a translation, if necessary.  | \$   | \$  |
| <b>SIMMONS SCHOOL OF SOCIAL WORK:</b><br>Please print type of award: _____  | \$   | \$  |
| <b>OTHER: Please specify:</b> _____<br><br>Enclose with this form, an original signed copy of your letter of award and a translation, if necessary.   | \$   | \$  |
| <b>TOTAL:</b> Each of these totals should equal the estimate of costs for one year on the Certificate of Expenses.  | \$   | \$  |

**OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS FOR PERSONAL SAVINGS**

(Please complete sections #1 and #2)

**1. BANK LETTER**

You should obtain an original letter on bank stationery, which indicates availability of the necessary funds. This letter should include a confirmation of the necessary funds; the name and address of the bank; the date of the letter; and signature and title of a bank official. Please attach an official English translation of the bank letter.

**2. GUARANTOR’S SIGNATURE**

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

GUARANTOR’S SIGNATURE \_\_\_\_\_ -DATE \_\_\_\_\_

GUARANTOR’S NAME (PRINTED) \_\_\_\_\_

RELATIONSHIP OF GUARANTOR TO APPLICANT \_\_\_\_\_

TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**APPLICANT:** I certify that the above information is correct and complete.

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Date*

**Important:** Issuance of documents may be compromised or delayed if the above information is not properly provided.