## **DECLARATION OF FINANCES**

Student's Name:	Family (Surname)	Given (First)	Middle Name(s)
Student's Address:	Street	City Coun	atry Postal Code
		ot be authorized until your financial veri se your visa status and result in the Coll	
		al students to prove they have funds avail dsheet shows the amount you must ver	
Will you or your fan take you to finish yo		al expenses at Hampden-Sydney College fo	or four years (or however long it will
Please provide at lea		TY OF FUNDS at shows the necessary funds: (a) official be cial, or (c) the box below signed and sta	
Certification by b	ank official		Official bank seal or stamp
I verify that		has funds on deposit or	
		in U.S. dollars to support the above-	
named student's ex			
Signature of bank of	official	Date	
Name of bank offi	cial (please print):		
Name of bank			
Address of bank _			
The owner of the ac	count(s) you are using for	financial verification must agree to the follow	owing statement and sign and date
I hereby state that I am	willing and able to provide the iect to change yearly without pri	e funds stated for the educational expenses of the ab ior notice.	ove-named student. I understand that the
		Date	
Title or relationship	to the student applicant _		
AFFIRMATION 1	by STUDENT		
		other supporting documentation, bank statements, l esentation, or failure to disclose any requested inform	
	g my acceptance and may jeopar	rdize my visa status.	

Please return this completed form to: Hampden-Sydney College, Admissions Box 2, Hampden-Sydney, VA 23943