

FINANCIAL DECLARATION



International Students

Graduate School of Business
502 E. Boone Ave.
Spokane, WA 99258-0009
(509) 313-4622 or (800) 986-9585, ext 3414
Fax (509) 313-5811

STUDENT'S NAME

Last (family) _____ First _____ Middle _____

THIS PAGE MUST BE COMPLETED AND SUPPORTING OFFICIAL DOCUMENTS RECEIVED BEFORE YOUR APPLICATION TO ATTEND GONZAGA UNIVERSITY WILL BE CONSIDERED

The US Immigration and Naturalization Service requires documented assurance that international students have sufficient financial resources to meet the costs for study in the United States. The funds described below must equal or exceed your estimated expenses at Gonzaga University. You should be prepared to have similar funds available to you for your second year of study.

Be aware that financial assistance is not available to international students. However, you may apply for a graduate assistantship through the School of Business Administration. Be aware that you must obtain a United States social security card and be fully accepted to apply for such an award.

PLEASE SPECIFY YOUR SOURCE OF FUNDS

1. PERSONAL SUPPORT

I will be supported by personal/family funds in the amount of US\$ _____

.....FOR PARENT OR RELATIVE WHO IS PROVIDING SUPPORT.....

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.

First Name _____ Last Name _____ Relationship _____

Address _____

Address _____

Signature _____ Date ____/____/____

To Be Completed by Sponsor

THIS SECTION IS TO BE COMPLETED BY THE BANK OF THE PARENT, RELATIVE, SPONSOR, OR STUDENT

THIS STATEMENT DOES NOT CONSTITUTE A LIABILITY ON THE PART OF THE BANK.

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 funds are available in the amount of US\$ _____

Name of Client _____ Date ____/____/____

Bank official signature _____

Name of bank _____

Address of bank _____

Address of bank _____

If your bank will not complete this portion, please attach bank statements and/or other official evidence of these available funds.

2. GOVERNMENT SUPPORT

I will be supported by my government in the amount of US\$ _____

Name of sponsoring office _____

Please attach a letter from a government official describing award

3. SCHOLARSHIP AGENCY SUPPORT

I will be supported by a scholarship agency in the amount of US\$ _____

Name of sponsoring agency _____

Please attach a letter from a scholarship official describing award

4. SPONSOR SUPPORT

I will be supported by a sponsor in the amount of US\$ _____

Please attach bank statements and/or other official evidence of these available funds.

Name of Sponsor _____ Relationship _____

Address _____ Phone _____

Address _____

I certify that I am willing to support _____ (student name) with the funds as stated.

Signature _____ Date ____/____/____

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FROM IS TRUE AND ACCURATE.

Applicant Signature _____ Date ____/____/____

Date of Birth ____/____/____ Country of Birth _____
(Month/Day/Year)

Country of Citizenship _____

Please include your SEVIS ID # if applicable _____