FINANCIAL DECLARATION

3-Day Residency

502 E. Boone Ave., AD 41, Spokane, WA 99258 Phone: (509) 313-6560 Email: isss@gonzaga.edu

Student's Name: _____ _____ _____
Last First Middle

INSTRUCTIONS

Section 'A' lists possible sources of financial support. Please fill in the appropriate sections. *Section 'B'* lists the estimated expenses for the applicable academic year, which are subject to annual change. All changes will be shown on any I-20 forms issued. By signing below, the person responsible for your finances is guaranteeing that those finds are available for this purpose.

SECTION A: Student sources of funds / Annual support per year

*Personal Funds of Student: $_____ Name of Bank: _____

*Parent's or Sponsor's Funds: $_____ Name of Bank: _____

**Scholarship: $_____ **Other: $_____

_____ _____

**Supporting Bank Statement must be attached* ***Letter of Support must be attached*

SECTION B: Short-term estimated expenses for 2019-2020, based on ***3-day on campus residency of study***.

Tuition & Fees	*Paid in Advance
***Room & Board**	$800
****Books, Fees, Supplies & Personal Expenses**	$200
*****Medical & Accident Insurance**	***Must show proof***
TOTAL	**$1,000**

**Students are required to have a payment plan arranged with Student Accounts prior to their on-campus residency.*

SECTION C: Certification and guarantee of finances for student
This is to certify that I understand all of the above and I agree to be responsible for the expenses of this student in the amount specified in Section A. I further certify that I have the indicated funds available for the student as long as he or she studies at Gonzaga University.

_____ _____ _____
Name of responsible person (print) Signature of person responsible Date

_____
Address: Street & Number City State or Province Postal Code Country