



# FINANCIAL DECLARATION

## Specialist in School Psychology (Ed.S.)

502 E. Boone Ave., AD 41, Spokane, WA 99258

Phone: (509) 313-6560

Email: [iss@gonzaga.edu](mailto:iss@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 funds 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:** Academic year estimated expenses for 2020-2021, based on *first 31 credits of the program*. Note that following years have fewer credits.

<b>Tuition (\$870 per credit)</b>	<b>\$26,970</b>
<b>*Room &amp; Board</b>	<b>\$13,780</b>
<b>Books, Fees, Supplies &amp; Personal Expenses</b>	<b>\$2,520</b>
<b>**Medical &amp; Accident Insurance</b>	<b>\$1,200</b>
<b>TOTAL</b>	<b>\$44,470</b>

*\*Room & Board costs vary depending on accommodation and meal plan option.*

*\*\*Purchasing Gonzaga's medical and accident insurance is required for all international students on F-1 and J-1 visas, and is included in the program costs.*

#### 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