



FINANCIAL DECLARATION

1-Month Residency

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

Phone: (509) 313-6560

Email: 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: Short-term estimated expenses for 2020-2021, based on *1-month on campus residency of study*.

Tuition & Fees	*Paid in Advance
Room & Board	\$2488
Books, Fees, Supplies & Personal Expenses	\$700
Medical & Accident Insurance	\$100
TOTAL	\$3,288

*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