Gonzaga University International Undergraduate
FINANCIAL DECLARATION

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 academic year 2014-2015, which are subject to annual change. All changes will be shown on any 1-20 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: 9-month estimated expenses for 2014 – 2015 based on 2 semesters of study. If student attends summer session, we recommend at least $6500 for tuition.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>37,040</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>11,720</td>
</tr>
<tr>
<td>Books, Supplies &amp; Personal Expenses</td>
<td>1,500</td>
</tr>
<tr>
<td>Medical &amp; Accident Insurance</td>
<td>1,400</td>
</tr>
<tr>
<td>TOTAL</td>
<td>51,660</td>
</tr>
</tbody>
</table>

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 or person responsible          Date

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