FINANCIAL DECLARATION

International Students

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 __________________________________ Date ____/____/____

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 ____________________________________________

Address ____________________________________________

Signature ____________________________________________ Date ____/____/____

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

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM 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 ____________________________