



Office of International Affairs  
 414 N. Meridian Street  
 Newberg, Oregon 97132

## INTERNATIONAL STUDENT DECLARATION OF FINANCES

U.S. law requires that all international students must submit the declaration of finances and financial proof before an I-20 is issued.

### Bank Statement Documents:

- Bank documents must represent a checking, savings, or time deposit account. Brokerage, stock or equity funds, real estate, and/or any non-liquid assets are not accepted.
- Account balance for sponsor must be shown in an amount equal to or greater than the cost of one year of attendance
- The funds represented on your bank statement are the cost of school expenses minus all scholarship awards.

### Student Information

Student's Passport Name: \_\_\_\_\_  
First/Give Name      Middle Name      Last/Family Name

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
MM/DD/YYYY      City/Country

### Home Country Address:

City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Note. If you are bringing a spouse or dependent with you, please attach a passport copy and explain their relationship to you.

### Funding

#### *Estimated Costs Doctor of Physical Therapy (DPT)*

Tuition for 26-27	\$43,710
Housing Estimate	\$14,000
Standard Fees	\$2,305
Health Insurance	\$4,009
<b>Total estimated cost</b>	<b>\$64,024</b>

**Please check ALL source(s) of funding you will use for your educational program costs.**

<input type="checkbox"/> Student's Personal Funds	<input type="checkbox"/> Government/Agency Funds
<input type="checkbox"/> Family or Sponsor Funds	<input type="checkbox"/> Scholarships from George Fox University
<input type="checkbox"/> Other:	



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*This part needs to be completed by the sponsor of the applicant or the applicant if the applicant is his/her own sponsor, the applicant must complete this section and sign below.*

Sponsor's Name: \_\_\_\_\_  
First/Given Name      Middle Name      Family Name

Mailing Address: \_\_\_\_\_  
Street and Number

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

I certify that I am willing and able to provide the amount of \$\_\_\_\_\_ (US dollars) per year for the education-related expenses of \_\_\_\_\_ (student's name) while during the course of his/her attendance at George Fox University.

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_  
First/Given Name      Family Name      MM/DD/YYYY

I certify that all statements on this form are true and accurate and that the stated funds are available for my educational expenses at George Fox University. I will notify George Fox University of any changes in my financial situation.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_  
First/Given Name      Family Name      MM/DD/YYYY