



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 Occupational Therapy Doctorate (OTD)

Tuition for 26-27	\$39,943
Housing Estimate	\$14,000
Standard Fees	\$500
Health Insurance	\$4,009
Total estimated cost	\$58,452

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