

Office of International Affairs 414 N. Meridian Street Newberg, Oregon 97132 fordk@georgefox.edu

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

Student Information

- 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's Passport Name:			
Firs	st/Give Name	Middle Name	Last/Family Name
Data of Pirth		Dlaga of Dinth.	
Date of Birth:		Place of biful: _	City/Country
,,			,,,
Home Country Address:			
Cit		Charles / David Sanara	
City:		State/Province:	
Zip/Postal Code:		Country:	
zip, i ostai dode.		dountry.	
<i>Note.</i> If you are bringing a spouse or depe	ndent with yo	ou, please attach a pas	ssport copy and explain their relationship to you.
Funding			
Estimated Costs (Undergradua	-		
Tuition	\$43,710		
Room and Board	\$14,568		
l	\$14,500	3	
Standard Fees	\$14,300 \$720	3	
Standard Fees Health Insurance		3	
	\$720		
Health Insurance	\$720 \$3,435 \$62,433	3	
Health Insurance Total estimated cost	\$720 \$3,435	3 0)	
Health Insurance Total estimated cost Minimum IS Scholarship Award	\$720 \$3,435 \$62,433 (\$18,00	3 0)	
Health Insurance Total estimated cost Minimum IS Scholarship Award Total Estimated Cost	\$720 \$3,435 \$62,433 (\$18,00 \$44,43	3 0) 3	ucational program costs.
Health Insurance Total estimated cost Minimum IS Scholarship Award	\$720 \$3,435 \$62,433 (\$18,00 \$44,43 ding you wi	3 (0) 3 (ll use for your ed	
Health Insurance Total estimated cost Minimum IS Scholarship Award Total Estimated Cost Please check ALL source(s) of fund	\$720 \$3,435 \$62,433 (\$18,00 \$44,43 ding you wi	3 (0) 3 ill use for your ed ment/Agency Fu	nds



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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 Num	ber			
City:	_State/Province:_	Zip	/Postal Code:	Country:	
Telephone Numb	er:	En	nail Address:		
Relationship to A	pplicant:				
I certify that I am v	villing and able to _l	provide the am	ount of \$	(US dollars) per	year for the
education-related	expenses of		(studer	nt's name) while during	the course of
his/her attendance	e at George Fox Uni	versity.			
Signature of Spons	Or:	Family Name	_ Date:	n /yyyy	
-				he stated funds are avai	-
educational expens	ses at George Fox U	Iniversity. I wil	I notify George Fox I	University of any change	es in my
financial situation.					
Signature of Stude	nt:		Date:	DD (11111)	
	First/Given Name	ramily Name	MM/	אין	