



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:	
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 for Doctor of	Ministry:
Tuition	\$5,344
Retreat Fee	\$2,150
Total estimated cost	\$7,494
Places chack ALL course(s) of fur	ding you will use for your educational program costs.
	Government/Agency Funds
Family or Sponsor Funds	Scholarships from George Fox University
Other:	
This part needs to be completed by	he sponsor of the applicant or the applicant if the applicant is his/her own
sponsor, the applicant must comple	re this section and sign below.
Sponsor's Name:	



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First/Given Name Middle Name F	Camily Name	
Mailing Address:Street and Number		
City: State/Province:	_ Zip/Postal Code:	Country:
Telephone Number:	Email Address:	
Relationship to Applicant:	<u></u>	
I certify that I am willing and able to provide the	e amount of \$	(US dollars) per year for the
education-related expenses of	(stud	ent's name) while during the course of
his/her attendance at George Fox University.		
Signature of Sponsor: First/Given Name Family Name	Date: e MM/DD/YYYY	
I certify that all statements on this form are true	e 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: First/Given Name Family Nam.	Date: e MM/DD/YYYY	