

5055 Santa Teresa Blvd Gilroy CA 95020

STATEMENT OF FINANCIAL SUPPORT

2022-2023

Name of Applicant				
	Family name		given name	
Street Address				
	Street			
City, State or Province	City	State/Province		
	•			
Country, Postal Code				
•	To be Read and Comple	ted by the Applicant's Financi	al Sponsor •	
costs and living expenses (tu expenses, travel and persona support for the student's dep	uition, fees, books and sup al expenses) for the applic endents listed on the reve	plies, room and board, health ins ant while he or she is enrolled a	t Gavilan College. I also agree to furni may come to the United States. I agre	
I further guarantee that I can for return home upon comple			ountry of origin to the United States and	
		lled as a full-time student and m the U.S. Immigration and Custor	ay not accept employment in the Unite ns Service.	
of this form). Furthermore, I d	certify that upon arrival at t registration, living expens	his institution for his or her first t	Please see table of expenses on page erm of enrollment, the student will hav may contact me regarding any claim o	
Attached to this affidavit is prand /or letter from a bank offi			ment (dated within the past two months	
Signature of Financial Spons	or		Date	
Printed Name				
Relationship to Applicant		Telephone Number		
Address				
	Street			
City, State or Province/Count	try			
	City	State/Province	Country	

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• FINANCIAL INFORMATION •

Tuition and fees are subject to yearly increases mandated by the State of California. Current costs for international students at Gavilan College for one academic year (10 months, August through May):

	of 12 credit hours each semes	ster)	\$8,344.00	
			62.00	
 Room and Board 	(if living independently)		\$15,084.00	
• • •			\$1,971.00	
•			\$3,996.00	
			\$850.00	
·			\$1,278.00	
TOTAL:			\$31,585.00	
	The following items ar	e to be completed b	y the Applicant •	
FINANCIAL RESOUR	CES			
A. What is the source	e of your financial support while	e in the U.S.?		
•	holarship, grant or loan? No _ rce and indicate amount per ye		y of your letter of award.	
Amour	nt	Source		
SUPPORT FOR DEPE	ENDENTS			
	ionship(s) to you of all depende of their financial support.	ents (spouse, children	or other) who will accompany	
Name				
INAIIIE	Relationship		Source of Support	
	Relationship S NOW LIVING IN THE UNITE Relationship		Source of Support Telephone	;
LIST ALL RELATIVES	S NOW LIVING IN THE UNITE Relationship	ED STATES		
NAME AND SIGNATU	S NOW LIVING IN THE UNITE Relationship	ED STATES Address		}

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GUIDELINES FOR COMPLETING THE FINANCIAL AFFADAVIT

Acceptable financial documents include: (all documents must be in English)

- A. An official bank statement for a **Savings** or **Checking** account in your name. Bank statements must clearly show the account holder's name and must be dated within 2 months.
- B. If you will be supported by a **private sponsor** (family member, friend, or private institution), the sponsor must sign page 1 of this document (Financial Sponsor Information) and the bank statement must clearly show the account holder's name and must be dated within 2 months.
- C. Letter of financial support or financial guarantee document from government sponsors or foreign embassies which specify Gavilan College as the student's school and the validity period of financial support
- D. An official scholarship award letter addressed to you and specifying the amount and validity period of financial support.

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