

INTERNATIONAL STUDENT SERVICES

5055 Santa Teresa Blvd Gilroy CA 95020

STATEMENT OF FINANCIAL SUPPORT

2025-2026

Name of Applicant			
Family r	name	Given name	
Street Address			
Str	reet		
City, State or Province			
City	State/Province		
Country, Postal Code			
• To be Read a	nd Completed by the Applicant's Finan	cial Sponsor •	
I hereby agree and guarantee without reserve costs and living expenses (tuition, fees, bool expenses, travel and personal expenses) for support for the student's dependents listed of that the student will not become a public characteristics.	ks and supplies, room and board, health in r the applicant while he or she is enrolled on the reverse side of this form or any who	nsurance, medical or emergency at Gavilan College. I also agree to furnish o may come to the United States. I agree	
I further guarantee that I can and will cover a for return home upon completion of academ		country of origin to the United States and	
I understand that the applicant, if accepted, States except as specified under current reg	will be enrolled as a full-time student and gulations of the U.S. Immigration and Cust	may not accept employment in the United coms Service.	
I hereby guarantee to provide U.S. \$of this form). Furthermore, I certify that upon adequate funds available for registration, living changed economic circumstances.		term of enrollment, the student will have	
Attached to this affidavit is proof in the form and /or letter from a bank official. All docum		ement (dated within the past two months)	
Signature of Financial Sponsor		Date	
Printed Name			
Relationship to Applicant	Telephone Number		
Address			
Str	reet		
City, State or Province/Country	0: 1/5	Occurt	
City	State/Province	Country	

• 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):

• Tuition (minimum of 12 credit hours each semester) \$9,984.00

you. Indicate sources o	Relationship S NOW LIVING IN THE UNITED STA Relationship		of Support Telephone
you. Indicate sources o Name LIST ALL RELATIVES	Relationship S NOW LIVING IN THE UNITED STA	TES	
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you. Indicate sources o Name LIST ALL RELATIVES	Relationship S NOW LIVING IN THE UNITED STA	TES	
you. Indicate sources o	Relationship		of Support
you. Indicate sources o		Source	of Support
	ortneir ilnanciai support.		
SUPPORT FOR DEPE List name(s) and relation	onship(s) to you of all dependents (sp	oouse, children or other) w	/ho will accompany
Amoun	t :	Source	
Please name sour	nolarship, grant or loan? No ce and indicate amount per year and	enclose a copy of your le	tter of award.
	of your financial support while in the	U.S.?	
FINANCIAL RESOURC		completed by the Appl	iount -
TOTAL:	The following items are to be	completed by the Anni	\$33,227.00
•			
ricain modiance (
	minimum cost for 9 mos)		\$3 996 00
Personal Expenses	s minimum cost for 9 mos)		• •

Admissions and Records Office Phone: (408) 846-4954 Fax: (408) 846-4940 8/2022A&R

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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