2019 STATEMENT OF FINANCIAL PROOF FORM

REQUIRED ONLY FOR INTERNATIONAL APPLICANTS SEEKING ON-CAMPUS ADMISSIONS

Estimated Expenses for 2019-2020 Academic Year (Fall and Spring Semesters Only)

Tuition (30 Credits per year).....\$20,850 Books (both semesters).....\$600

International applicants are required to submit evidence of adequate financial support to cover cost of attendance for at least one full year of study at Grace Bible College. Such financial support will be needed for at least four to five consecutive years for completion of an undergraduate degree program. If a student is supported by personal and/or family funds, submit signed affidavit of support (below) and original bank statement reflecting bank balance availability of at least the total corresponding amount listed below. The date on the bank statement and this form should be within six months form intended program start date. The name on the bank statement must match the name of the sponsor or student identified in this form. If sponsored by an educational institution, government, or official agency, submit an official letter reflecting the student's legal name and that the scholarship fund is valid and available for use at Grace Christian University.

		Miscellaneous exp	(8 months) penses (8 months)	\$2,730			
Applicants wisl	hing to have their spouse and	d/or children accompany them; Al	add additional \$4,5 FFIDAVIT OF SUP		& children not pe	ermitted to live	on-campus
An original co	ertified bank statement n	nust accompany this origina	al form and reflec	ct available CASH in the acc	count I guarante	ee I will be fully	responsible for
all educational	expenses incurred by the ap	plicant, named below, during th	he course of study a	at Grace Christian University.			
	ompleted by the student app	olicant					
Applicant's last name (family name)		First name		Middle name		Date of Birth (mm/dd/yyyy)	
Current mailing	g address (number and stree	t)		•		•	
City		State or Province		Country		Postal Code	
Phone number (include country code)		E-mail address		Signature		Date (mm/dd/yyyy)	
Part 2. To be co	ompleted by the applicant's	sponsor					
Sponsor's last name (family name)		First name		Middle name		Relationship to applicant	
Current mailing	g address (number and stree	t)					
City		State or Province		Country		Postal Code	
Phone number	(include country code)	•		E-mail address		•	
I commit to spe	onsor the above applicant in	the amount of \$		U.S. dollars			
Signature of sponsor				Date (mm/dd/yyyy)			
		k offical - required only when a					
	=	r bank offical must witness the			fy its validity as fo	ollows: "With n	ny signature
•		identified above signed this aff	idavit of Support be			In the	,
Last name of notary or bank official		First name		Middle name		Name of bank/organization	
Current mailing	g address (number and stree	t)					
City		State or Province		Country		Postal Code	
Phone number (include country code)		E-mail address		Signature & stamp of notary or bank official		•	Date
Part 4. To be co	ompleted by the student app	olicant if requesting an I-20 for d	dependents to acco	mpany him/her to the U.S.A.			
To ir	nclude a spouse and/or childi	ren to the certificate of Eligibilit	y for vias application	on, provide their information b	elow and attach	copies of their p	assport.
	Last name (family name)	First name	Date of Birth	Country of birth	Country of	f citizenship	Gender M/F
Spouse							
Child							
Child							

Please return this form and an original bank statement by mail to:

GRACE CHRISTIAN UNIVERSITY

ADMISSIONS OFFICE

1011 Aldon St SW * GRAND RAPIDS, MI 49509 * U.S.A.