



One Angwin Avenue
 Angwin, CA 94508
 (707) 965-6509

FINANCIAL GUARANTEE

ESTIMATE OF EXPENSES FOR THE 2024-2025 ACADEMIC YEAR:

Tuition (9 academic month program, full-time)	\$36,150
General Fee	\$1,023
Room	\$5,136
Board	\$4,500
Insurance	\$3,463
Transportation	\$5,000
Books	\$1,062
Personal	\$3,213

TOTAL PER STUDENT: \$59,547*

**Total does not reflect actual student billing. The estimate of expenses may change for the 2024-2025 academic year.*

Dependents, students must show the additional amount below on the bank statement:

Spouse	\$7,500
Dependent (each)	\$3,000

Student Applicant Information - (must be FULLY completed)

Family Name:	First Name:	Middle Name:
Country of Birth:	City of Birth:	Country of Citizenship:

Please checkmark which is being submitted. Below **list the type of currency** used in the bank statements.

SOURCE OF FUNDING <i>(please indicate)</i>	REQUIRED DOCUMENTS <i>(please attach*)</i>
<input type="checkbox"/> Personal Savings/Checkings (Currency: _____)	Current Bank statement (within 3 months)
<input type="checkbox"/> Parent or Sponsor <input type="checkbox"/> Income & Savings (Currency: _____)	Signed Affidavit, Bank Statement, Pay Stubs (if necessary)
<input type="checkbox"/> Sponsoring Organization/Scholarship	Award Letter (amount awarded & duration)
<input type="checkbox"/> Other Assets: Please list below	Bank Statement

**Attach the required documents as appropriate. Please provide an English translation with each original document.*

Affidavit of Support – (Must be FULLY completed)

I certify that I am willing, able, and do promise to provide the total amount stated above for the tuition, living expenses and other fees during each academic year for the student stated above, attending PUC. (Attach Current Bank Statements)

Check here for SELF

Printed Name:	Signature of Sponsor:	Date:
Sponsor's Relationship to Student:	Sponsor's Phone Number:	Sponsor's Email:
Sponsor's Address:	City, State/Province:	Code / Country:

For Office Use Only

Financial Guarantee Form & Supporting Documents verifying sufficient funds for student and above dependents _____
 FGF Approved by: _____ Student Financial Services balance cleared _____
 SFS Rep Initials: _____ Date: _____