



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

# FINANCIAL GUARANTEE

## ESTIMATE OF EXPENSES FOR THE 2026-2027 ACADEMIC YEAR:

Tuition (9 academic month program, full-time)	\$38,415
General Fee	\$1,050
Room	\$5,340
Board	\$4,650
Insurance	\$3,500
Transportation	\$4,000
Books	\$1,305
Personal	\$3,415

**TOTAL PER STUDENT: \$61,675\*\***

*\*\*Total does not reflect actual student billing. The estimate of expenses may change for the 2025-2026 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 (please indicate)	REQUIRED DOCUMENTS (please attach*)
<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: \_\_\_\_\_