



Date: _____

Consulate General of Spain in _____

Address: _____

City/State/Zip Code _____

DECLARATION OF FINANCIAL SUPPORT

I hereby certify that I, _____ parent
Name of parent/guardian

of _____ will support
Name of student

her/him with a monthly allowance of _____ euros while she/he is in

Spain and that I am financially responsible for any emergency that may arise.

If you have any questions, please don't hesitate to contact me at your convenience at

_____. Thank you for your assistance.
Phone number

Best regards,

Print Name

Signature

To be completed by notary:

Signed and sworn before me on _____

Notary Seal: