Date: ____________________

Consulate General of Spain in ___________________

Address: ______________________________________

City/State/Zip Code ______________________________________

DECLARATION OF FINANCIAL SUPPORT

I hereby certify that I, __________________________________________ parent
ame 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,

To be completed by notary:

Signed and sworn before me on ___________________

Notary Seal:

Print Name

Signature