



Date: \_\_\_\_\_

Consulate General of Spain in Chicago  
180 N. Michigan Avenue, Suite 1500  
Chicago, IL 60601

**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 532 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: