OFFICE OF FINANCIAL AID
ESSEX COUNTY COLLEGE
303 University Avenue
Room 3220, Green Area
Newark, New Jersey 07102
Visit us on the web at http://www.essex.edu/finaid/

STATEMENT OF SUPPORT

(Complete this form only if someone is providing you support.)

NOTE: The Definition of Support – Support includes money, gifts, and loans, plus housing, food clothing, car payments or expenses, medical and dental care paid on the student's behalf.

STUDENT'S FULL NAME:		STUDENT'S ECC ID NUMBER:				-			-				

Briefly describe the reason why you are providing support to the student:

INSTRUCTIONS: Please indicate the monthly amount you will provide the student from January 1, 2009 through December 31, 2009 for any of the items below:

EXPENSES	How much will this person pay per month, from January 1, 2009 to December 31, 2009?
Housing (rent, mortgage)	$.
Child Care	$.
Cash	$.
Free Room and Board (check if applicable) ☐	
Medical/Dental	$.
Transportation (car, bus, taxi, etc.)	$.
Other Personal Expenses (clothing, groceries, etc.)	$.
Other; specify: _____	$.

Certification:

YOUR RELATIONSHIP TO STUDENT ⇨

(Grandmother, aunt, friend, boyfriend, etc.)

YOUR PHONE NUMBER:				-				-				

By signing this document, I (the student) and the person providing the support, certify that all information provided on this form is true, accurate and complete:

_____ _____
STUDENT SIGNATURE DATE

_____ _____
SIGNATURE OF PERSON PROVIDING SUPPORT DATE