2011-2012

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 provides support to the student.)

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 the student:

Expenses (Instructions: Please indicate the yearly amount you provided the student from **January 1, 2010** through **December 31, 2010** for any of the items below.)

	How much did you provide to the student yearly From January 1, 2010 to December 31, 2010?
☐ Free Room and Board (check if applicable)	
Cash	$.

Certification (Completed by person providing student with support)**:**

YOUR RELATIONSHIP TO THE STUDENT: ☐ Mother ☐ Father ☐ Grandparent ☐ Other (*detail*)_____
YOUR NAME:
YOUR HOME ADDRESS: / PHONE NUMBER: ( )_____

Signatures

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

REV. 4/11