ESSEX COUNTY COLLEGE
Exceed Expectations

2017-2018

OFFICE OF FINANCIAL AID
303 University Avenue, Room 3220
Newark, New Jersey 07102

STATEMENT OF SUPPORT

(Complete this form only if someone provides support to the student or parent.)

SUPPORT LETTER PROVIDED FOR: ☐ **Student** ☐ **Parent(s)**

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 or parent's behalf.

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

Briefly describe the reason why you are providing support for the student or parent:

Expenses (Instructions: Please indicate the yearly amount you provided the student or parent from **January 1, 2015** through **December 31, 2015** for any of the items below.)

	How much did you provide to the student or parent yearly From January 1, 2015 to December 31, 2015?
☐ **Free Room and Board (check if applicable)**	
Cash	$.

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

YOUR RELATIONSHIP TO THE STUDENT OR PARENT: ☐ **Mother** ☐ **Father** ☐ **Grandparent** ☐ **Other (*detail*)**_____

YOUR NAME:

YOUR HOME ADDRESS:

PHONE NUMBER: ( )_____

Signatures

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

_____ _____
STUDENT'S OR PARENT'S SIGNATURE **DATE**

_____ _____
SIGNATURE OF PERSON PROVIDING SUPPORT **DATE**