



OFFICE OF FINANCIAL AID
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 p: (973) 877-3200 f: (973) 877-3586
 Room 3220 www.essex.edu/fa

2019-2020 STATEMENT OF SUPPORT

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

SUPPORT LETTER PROVIDED FOR: Student Parent(s) Spouse

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:	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, 2017** through **December 31, 2017** for any of the items below.)

How much did you provide to the student or parent yearly From January 1, 2017 to December 31, 2017?

<input type="checkbox"/> Free Room and Board (check if applicable)																					
Cash	\$ <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																				

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		
Student Signature	Spouse Signature (if applicable)	Signature of Person providing support
Date	Spouse Printed Name	Printed Name of Person providing support
	Date	Date