



**Financial Aid**  
303 University Avenue, Newark, NJ 07102-1798  
p: 973-877-3200 | f: 973-877-3586  
Room 3220 | www.essex.edu/fa

**2023-24  
STATEMENT OF SUPPORT FORM**

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

STUDENT LAST NAME	FIRST NAME	ECC ID#	HOME PHONE	MOBILE PHONE

**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.

**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, 2021** through **December 31, 2021** for any of the items below.)

**How much did you provide to the student or parent yearly From January 1, 2021 to December 31, 2021?**

☐ Free Room and Board (check if applicable)

**Cash**

\$

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

**RELATIONSHIP TO STUDENT OR PARENT:**

☐ Mother

☐ Father

☐ Grandparent

☐ Other (detail):

**YOUR NAME:**

**YOUR HOME ADDRESS:**

**PHONE NUMBER:** ( ) \_\_\_\_\_

**Full, complete signatures only. No initials.**

Student Signature	Spouse Signature (if applicable)	Parent Signature (if applicable)	Person Who Provided Support Signature
Printed Name	Printed Name	Printed Name	Printed Name
Date	Date	Date	Date