



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

**2024-25  
 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, 2022** through **December 31, 2022** for any of the items below.)

**How much did you provide to the student or parent <sup>yearly</sup> yearly From January 1, 2022 to December 31, 2022?**

Free Room and Board (check if applicable)

Cash

\$

.

**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