



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

**2025-2026
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, 2023** through **December 31, 2023** for any of the items below.)

How much did you provide to the student or parent yearly From January 1, 2023 to December 31, 2023?

☐ 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 |
| | | | |