



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

**2026-2027
 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, 2024** through **December 31, 2024** for any of the items below.)

How much did you provide to the student or parent yearly From January 1, 2024 to December 31, 2024?

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