



2018-2019 Statement of Support

Note: Support includes money, gifts, loans, housing, food, clothing, car payments or expenses, medical and/or dental care paid on the students' behalf.

| STUDENT INFORMATION: | | |
|----------------------|------------------|-------------------|
| | | |
| First Name | Last Name | Student ID |

| Briefly describe the reason why you are providing support to the student. <i>(Attach additional sheet if necessary)</i> |
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| Instructions: Please indicate the TOTAL amount of support provided to the student during 2016 . | | | | | |
|---|--------------------------|--|----------------|--------------------------|--------------------------|
| Free Room & Board (HUD, BAH, etc.) (Check if applicable) | <input type="checkbox"/> | | | | |
| Expenses | \$ | | Monthly | <input type="checkbox"/> | Yearly |
| Housing (Rent, Mortgage) | \$ | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Care | \$ | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Cash | \$ | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/Dental | \$ | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation (Car, Bus, Taxi, etc.) | \$ | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Expenses (Clothing, Groceries, Toiletries, etc.) | \$ | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, please specify: | \$ | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |

| Certification: | |
|--|-------------|
| Your Relationship to Student: | |
| Your Name: | |
| Your Phone Number: | |
| By signing this document, I (Student) and the person providing support, certify that all information provided is complete and accurate. | |
| Student Signature | Date |
| | |
| Signature of Person providing Support | Date |
| | |