2020-2021 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. *(Attach additional sheet if necessary)*

Instructions: Please indicate the **TOTAL** amount of support provided to the student during ***2018***.						
Free Room & Board (HUD, BAH, etc.) (Check if applicable)	☐					
Expenses	$		**Monthly**	☐	**Yearly**	☐
Housing (Rent, Mortgage)	$			☐		☐
Child Care	$			☐		☐
Cash	$			☐		☐
Medical/Dental	$			☐		☐
Transportation (Car, Bus, Taxi, etc.)	$			☐		☐
Personal Expenses (Clothing, Groceries, Toiletries, etc.)	$			☐		☐
Other, please specify:	$			☐		☐

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**