



2016-2017 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>

Instructions: Please indicate the TOTAL amount of support provided to the student during 2015 .						
Free Room & Board (HUD, BAH, etc.) (Check if applicable)	<input type="checkbox"/>					
Expenses	\$		Monthly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>
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