COKER COLLEGE

THIRD PARTY SUPPORT

Complete the Third Party Support form and return to the Office of Student Financial Planning.

Student Name _____ Student ID#_____

Who did the student live with in 2015? _____

What is your relationship to the student? _____

Beginning date of current living arrangements: _____

Amount of Third Party Support for the year: _____

Is this living arrangement likely to continue? _____Yes _____No
If no, please explain.

EXPLAIN ANY SPECIAL OR UNUSUAL CIRCUMSTANCES:

_____

_____

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_____

I declare under the penalty of perjury that the information provided is true and correct to the best of my knowledge.

_____ _____

Third Party's Signature Date Student's Signature Date

Coker College
Office of Student Financial Planning | 300 E. College Avenue | Hartsville, SC 29550
843-383-8055 | 800-950-1908 | Fax 843-383-8159 | financial_aid@coker.edu