



C O K E R
C O L L E G E

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 2016? _____

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:

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