



ENTERPRISE STATE COMMUNITY COLLEGE

Your Investment in Excellence

STUDENT FINANCIAL AID

P.O. Box 1300 Enterprise, AL 36331

Telephone: (334) 347-2623 ext. 2214 Fax: (334) 347-5569

2010-2011 Documentation of Financial Support

Student's Full Name _____
last first middle initial

Social Security # _____ ESCC Student # _____

Cell Telephone _____ Home Telephone _____

Home Address _____

City/State/Zip Code _____

E-Mail Address _____

You reported either a "zero" dollar amount or a very low amount of income for the 2009 tax year on your 2010-2011 Free Application for Federal Student Aid (FAFSA). In order to complete the processing of your financial aid, we need to document how you paid for food and living expenses. Below is a list of expense areas common to most students. Please show where the funds came from for your financial support in these areas. Indicate N/A if an item does not apply.

Directions: Please check the type, and indicate the source and value of the support you received from January 1, 2009 through December 31, 2009. Support includes money paid to you directly, money paid on your behalf for educational expenses, rent, food, etc., as well as living space provided free-of-charge.

| Documentation of Financial Support for 2009 (January 1 – December 31, 2009) | | |
|---|--|-------------------------|
| <i>Expenses</i> | <i>Source of Support (Please list)</i> | <i>Value of Support</i> |
| <input type="checkbox"/> Educational | | \$ |
| <input type="checkbox"/> Rent | | \$ |
| <input type="checkbox"/> Utilities | | \$ |
| <input type="checkbox"/> Food | | \$ |
| <input type="checkbox"/> Transportation | | \$ |
| <input type="checkbox"/> Personal | | \$ |
| <input type="checkbox"/> Other | | \$ |
| Total Support Received | | \$ |

Certification Statement:

All of the information provided on this form is accurate and complete to the best of my knowledge. If requested, I agree to give proof of the information I have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

Student's Signature _____ Date _____