

Statement of Support



Name _____

Address _____

City, State, Zip _____

Student ID # _____

Statement of individual providing support

I, _____, have provided support in the form of room and board free of charge to _____ for the period from _____ to _____.

Signature _____ Date _____

Printed Name _____

Relationship to Applicant _____

Address _____

Phone Number _____

For Office Use Only: CRI Code: **FAC09SOS** Date Entered: _____ Initials: _____ Date Scanned: _____ Initials: _____

TSTC Financial Aid Office | 1902 North Loop 499 | Harlingen, Texas 78550 | Office: 956.364.4330 | Toll-free: 1.800.852.8784 | Fax: 956.364.5119

E-mail: financial.aid@harlingen.tstc.edu | www.harlingen.tstc.edu | FAFSA School Code: 009225

Equal opportunity shall be afforded within the Texas State Technical College System to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age or disability. TSTC will make reasonable accommodations for students with disabilities.