



First Coast Technical College

Financial Aid

2980 Collins Ave., St. Augustine, FL 32084

Phone 904.547.3512, 904.547.3511

Fax 904.547.3506

fctcfinaid@stjohns.k12.fl.us

Dear Sir or Madam:

_____ applied for tuition assistance with our office. When students report that they received support or cash assistance from another person, we are to verify this information before finalizing their application. Please list all forms of assistance that you provided to this person, including cash given, bills paid, or other types of help. You may be contacted to confirm this information. Should you have any questions, please contact the Financial Aid Office for assistance.

I, _____, certify that I contributed the following support to the above named student from ___/___/___ to the present.

Type of aid – financial, helping out w/child care, money given, provided food & shelter, paid bills for student, etc.	Monthly value (if no monetary value, write "N/A".)

- If you provide help such as food, shelter, and/or personal needs for the student, simply write it on the left & put "N/A" under monetary value.
- If you pay a bill for the student, please write the type of expense & amount paid.
- If you provide cash assistance to the student, please write the amount given.

Signature

Date

Relation to applicant

Address

City

ST

Zip code

Daytime telephone number

Evening telephone number

Letter of Support