



Blank Statement Form

Financial Aid Department
Phone: 910-938-6749
Fax: 910-938-6717
Email: finaid@coastalcarolina.edu

Student Name: _____ Student ID: _____

Who is writing the statement below (check one):

- Student Spouse Parent 1 Parent 2

Please write neatly or type your statement. If you need more room, continue on back of this form:

Blank lined area for writing the statement.

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, YOU MAY BE FINED, SENTENCED TO JAIL, OR BOTH.

SIGNATURE _____

(You must sign this form in the presence of a notary.)

County: _____

State: _____

My commission expires: _____

Sworn to and subscribed before me this, the _____ day of _____, 20_____.

Notary Signature: _____

Please Print Notary Name: _____