2026-2027
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:

_____

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

SIGNATURE _____
(**You must sign this form <u>in the presence of</u> a notary.)**

County: _____

NOTARY SEAL

State: _____

My commission expires: _____

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

Notary Signature: _____

Please Print Notary Name: _____