

AFFIDAVIT OF NO PARENTAL SUPPORT

2016-2017 Academic Year

I/We certify the following statements with regard to the financial aid application for our son/daughter at College of the Mainland for the 2016-2017 academic year:			
		Student Name (Printed)	Student ID/Social Sec Number
		oracent manne (i mineca)	
Parent Name (Printed)	Parent Signature		
	Date		