| Department of Homeland Security U. S. Coast Guard CG PSC-2020B (Rev. 6/03)  |  | Statement of Support for Full-Time Student   |   |
|---|--|--|---|
| EMPLID  | Name (Last, First, MI)   |  | Rank  |
| Unit  |  |  | Date  |
| <b>PURPOSE:</b> To accompany request for dependency in the case of a child over age 21 and under age 23. Use this form in conjunction with the CG PSC-2020A to prove dependency exists.   |  |  |   |
| or similar institution, includi<br>associate or higher degree, if<br>or higher, degree. When ther<br>higher learning, if it is accre-<br>offering educational program<br>also shall include an education  | ng a technical or busine<br>the school is empowerd<br>e is no State law to auth<br>lited for degree program<br>as at the post secondary<br>onal institution that is no<br>nized as such by the Sec | F HIGHER EDUCATION (from DODING as school, offering post secondary-level academic end by the appropriate State education authority underize the granting of a degree, the school may be as by a recognized accrediting agency. The term a level regardless of whether the hospital grants a pot located in a State, that offers a course leading to the cretary of Education (or comparable official) of the | e instruction that leads to an<br>der State law to grant an associate,<br>recognized as an institution of<br>also shall include a hospital<br>post secondary degree. The term<br>to a standard college degree, or the |
| <ul> <li>Enrollment requirements To qualify as a full-time student, enrollment must be for at least</li> <li>12 semester hours at the undergraduate level</li> </ul>  |  |  |   |
| or  • 9 semester hours at the undergraduate level.  |  |  |   |
| Declaration I certify that  (enter child's full name) is enrolled at  (enter name of institution) as a full-time student and, in-fact, dependent upon me for over one-half of his/her support.  Expenses for shelter, education, health care, food and clothing have determined support. My support determination is not based on expenses for recreation, insurance, and/or savings. I understand that incidentals and luxury items for a child that improves a child's standard of living are not part of necessary living expenses |  |  |   |
| Signature of member   |  | Signature of witness   |   |
| Attachments  Statement from the registrar's office attesting to the full-time student status of the dependent and anticipated graduation date or a receipt showing tuition has been paid to the school.  If dependency has not been previously established, attach a copy of the birth certificate.   |  |  |   |
| PRIVACY ACT STATEMENT  In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal  |  |  |   |
| information to the U. S. Coast Guard Authority - 37 USC Section 403. Principal Purpose(s) - Used to indicate start or change in dependency. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure inaccuracies may occur with member's current dependent status, which in turn may affect the member's pay.   |  |  |   |