U.S. DEPARTMENT OF HOMELAND SECURITY U.S. Coast Guard CG-2020B (Rev. 02-10)	**STATEMENT OF SUPPORT FOR FULL-TIME STUDENT**	
EMPLID	Name (Last, First, MI)	Rank
Unit		Date

PURPOSE: 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-2020A to prove dependency exists.

Definition of Institution of Higher Education **(from DODINST 1000.13):** A college, university, or similar institution, including a technical or business school, offering post secondary-level academic instruction that leads to an associate or higher degree, if the school is empowered by the appropriate State education authority under State law to grant an associate, or higher, degree. When there is no State law to authorize the granting of a degree, the school may be recognized as an institution of higher learning, if it is accredited for degree programs by a recognized accrediting agency. The term also shall include a hospital offering educational programs at the post secondary level regardless of whether the hospital grants a post secondary degree. The term also shall include an educational institution that is not located in a State, that offers a course leading to a standard college degree, or the equivalent, and that is recognized as such by the Secretary of Education (or comparable official) of the country, or other jurisdiction, in which the institution is located.

Enrollment requirements To qualify as a full-time student, enrollment must be for at least

- 12 semester hours at the undergraduate level

or

- 9 semester hours at the postgraduate 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 and 14 USC Section 461.

Principal Purpose(s) - Used when considering application for BAH and/or ID cards.

Routine uses – Information will be used by USCG payment approving officials to add or extend the eligibility of BAH eligible dependent(s). In addition, this information may be shared with the Defense Manpower Data Center (DMDC) to facilitate enrollment in dependent benefit programs.

Disclosure - Furnishing this information is voluntary, but without disclosure inaccuracies may occur with member's current dependent status, which in turn may effect the member's pay and delay delivery of benefits to dependents, failure to provide accurate personal financial information may prevent favorable consideration of your application.