

Complete and return to:

Southern Connecticut State University
Office of Financial Aid and Scholarships, WT Room 117
501 Crescent Street, New Haven, CT 06515
Documents may be submitted by fax to 203-392-5229, by email to financialaid@southernct.edu, by mail or in person.

2019-2020 Verification of Child Support Paid Form

Student Name: _____ Student ID Number: _____

Scholarships is required to ve	rify the information you provide	fication. As a result, the Office of ed on the 2019-2020 FAFSA. This or blue ink. We do not accept ele	s form must be	
	Child Support Paid i	n 2017		
Name of person who paid the child support in 2017	Name and Age of child for whom the child support was paid in 2017	Name of the person to whom the child support was paid in 2017	Amount of child support paid in 2017	
			\$	
			\$	
			\$	
			\$	
			\$	
Required Signatures:				
	e requested by the Office of Fin	n this form is complete and corre ancial Aid and Scholarships, and t		
Student Signature:(Required)	cudent Signature:equired)		Date:	
Parent Signature: Date: Date:				

Warning: If you purposely give false or misleading information and/or fraudulently sign this form, you may be fined, sentenced to jail or both. In addition, you will forfeit institutional eligibility.

Revised 9/2018