

2019-2020 Child Support Received Form

Student Name: _____ **Student ID Number:** _____

The Office of Financial Aid and Scholarships is required to verify the information you provided on the 2019-2020 FAFSA. This form must be completed in its entirety. Please complete and sign in black or blue ink. We do not accept electronic signatures.

<i>Child Support Received in 2017</i>			
<i>Name of person who received the child support in 2017</i>	<i>Name and Age of child for whom the child support was received in 2017</i>	<i>Name of the person from whom the child support was received in 2017</i>	<i>Amount of child support received in 2017</i>
			\$
			\$
			\$
			\$
			\$

Required Signatures:

By signing below, I/we certify that all information reported on this form is complete and correct. We understand that additional information may be requested by the Office of Financial Aid and Scholarships, and failure to provide information will cause processing delays.

Student Signature: _____ Date: _____
(Required)

Parent Signature: _____ Date: _____
(Required for dependent students)

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