

Name of Financial Aid Applicant (Please print)

2017-18

\_\_\_\_\_  
Last First MI

RETURN TO:

\_\_\_\_\_  
@ Student ID# Date of Birth

Office of Financial Aid

\_\_\_\_\_  
Previous Last Names (if applicable)

## Child Support Paid

### Independent Student

- Neither the student nor spouse (if married) paid child support in 2015.
- The student or spouse paid child support in 2015. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015

**Signature:** By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct.

\_\_\_\_\_  
Applicant's Signature Date

**Warning:** If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

### Dependent Student

- None of the parent(s) included in the household paid Child Support in 2015.
- One of the parents included in the household paid child support in 2015. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015

**Signature:** By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct.

\_\_\_\_\_  
Signature of Parent One Print Name Date

**Warning:** If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Signature of Parent Two Print Name Date