Student’s Name ________________________________________________
Student ID ________________________________________________

1) Did student (or spouse) pay child support in 2015?
   □ Yes   □ No

2) If yes, please provide the name of person(s) to whom child support was paid:
   ____________________________________________________________

3) If yes, please provide the name of person(s) who paid child support:
   ____________________________________________________________

4) List the name(s) of child(ren) and total amount paid in 2015:
   
   Name:      Age: Total Paid in 2015:
   __________________________________       __________________________
   __________________________________       __________________________
   __________________________________       __________________________
   __________________________________       __________________________
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   __________________________________       __________________________
   __________________________________       __________________________

CERTIFICATION STATEMENT AND SIGNATURES:

I (and/or my spouse) certify that all the information reported on this form is complete, and accurate to the best of my knowledge. I (and/or my spouse) understand that any false statements could be cause for denial, reduction, withdrawal, or repayment of my financial aid.

________________________________________ _________________
Signature of Student Date

________________________________________
Signature of Spouse (if applicable) Date