Student’s Name ____________________________________________
Student ID ______________________________________________

1) Did the parent(s) with whom you filed the FAFSA, pay child support in 2016?
   ☐ Yes        ☐ No

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

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

4) List the name(s) of all child(ren) and total amount paid in 2016:
   Name: Age: Total Paid in 2016:
   __________________________________ _____________________
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CERTIFICATION STATEMENT AND SIGNATURES:

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

Signature of Student ________________________________ Date ______

Signature of Parent ________________________________ Date ______