FORM CS—Independent
2015-2016

Student’s Name ______________________________
Student ID ________________________________

1) Did student (or spouse) pay child support in 2014?
   □ Yes  □ No

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

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

4) List name(s) of child(ren) and total amount paid in 2014:

   Name: __________________________________ Age: _____ Total Paid in 2014: __________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
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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 __________