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2023-2024 Child Support Paid Form

STUDENT:_____ **FIDN#: A**_____
Last Name **First Name**

Please clarify the amount of child support paid by your parent(s) in 2021 by completing the table below. **Enter "0" if the answer is Zero. Do not leave blank.** If there are additional children, please attach an additional page.

1. Name of Person Who Paid Child Support: _____ Name of Person to Whom Child Support was Paid: _____

   Age of Child: _____ Total Amount Paid in 2021: $_____

2. Name of Person Who Paid Child Support: _____ Name of Person to Whom Child Support was Paid: _____

   Age of Child: _____ Total Amount Paid in 2021: $_____

3. Name of Person Who Paid Child Support: _____ Name of Person to Whom Child Support was Paid: _____

   Age of Child: _____ Total Amount Paid in 2021: $_____

By signing this form, I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature.

We do not accept electronic signatures.

Student's Name (Print)	**Student's Signature**	**Date**
Parent's Name (Print)	**Parent's Signature**	**Date**