2020-2021 Child Support Received Form

STUDENT: __________________________  __________________________  FIDN#: A___________________

Please clarify the amount of child support received by your parent(s) in 2018.

Enter “0” if the answer is Zero. Do not leave blank.

Total Amount of Child Support Received by your parent(s) in 2018: $___________

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.

_________________________________              _________________________________         ______________
Student's Name (Print)                       Student's Signature                  Date

_________________________________              _________________________________             ______________
Parent's Name (Print)                        Parent's Signature                   Date