

2022-2023 Child Support Paid Form

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

Please clarify the amount of child support paid by your parent(s) in 2020 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: _____
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Age of Child: _____	Total Amount Paid in 2020: \$ _____
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2. Name of Person Who Paid Child Support: _____	Name of Person to Whom Child Support was Paid: _____
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Age of Child: _____	Total Amount Paid in 2020: \$ _____
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3. Name of Person Who Paid Child Support: _____	Name of Person to Whom Child Support was Paid: _____
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Age of Child: _____	Total Amount Paid in 2020: \$ _____
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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