



2016-2017 Child Support Paid Form

Student Name: _____ ID# _____ Phone# _____

A. You reported on your 2016-2017 FAFSA that you or your parent(s) paid out child support for the year **2015**. Please complete the information below. *Do not use pencil.*

Name of Person Who Paid Child Support	Name of Person Receiving Child Support	Name of Child for Whom Support was Paid	Age of child for whom child support was paid	Amount of Child Support Paid in 2015
				\$
				\$
				\$
				\$
				\$

B. Attach a copy of one of the following items:

1. Child support documentation from Attorney General’s office showing amount paid for ALL of **2015**.
2. A signed statement from the individual receiving the child support. Must state the amount paid for the year **2015**; or
3. Copies of the child support checks or money order receipts for all of **2015** or
4. Last check stub from employer showing year to date amount that was paid out in **2015**.

Signatures/Initials

_____ I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.

I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found. *WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.*

Student _____ Parent _____ Date ____ / ____ / ____

For office use only: Received by _____