



ASSUMPTION COLLEGE

WORCESTER, MASSACHUSETTS | ROME, ITALY

Office of Financial Aid

500 Salisbury Street

Worcester, MA 01609

Phone: 508-767-7158

Fax: 508-767-7376

Email: fa@assumption.edu

2018-19 CONFIRMATION OF CHILD SUPPORT PAID

Student Name: _____ **Student ID:** _____

On the FAFSA it was reported that you paid child support in 2016. Please complete, sign, and return this form to the Office of Financial Aid.

Name of person who paid the child support: _____

Relationship to student: _____

Name of person(s) support was paid to: _____

Names of children for whom child support was paid: _____

Total amount of child support paid in 2016: \$ _____

By signing* this form, I (we) certify that all of the information to qualify for federal financial aid is complete and correct.

Student Signature

Date

Parent Signature

Date

*We are not able to accept electronic signatures.