Assumption University
Office of Financial Aid

2020-21 CONFIRMATION OF CHILD SUPPORT PAID

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

On the FAFSA it was reported that you paid child support in 2018. 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 2018: $ _____

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

FAD20CSP