Office of Financial Aid
500 Salisbury Street
Worcester, MA 01609
Email: fa@assumption.edu
Phone: (508) 767-7158
Fax: (508) 519-1286

2021-2022 CONFIRMATION OF CHILD SUPPORT PAID

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

On the FAFSA it was reported that you paid child support in 2019. 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 2019: $ _____

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

FAD21CSP