



# Assumption University

Office of Financial Aid

Office of Financial Aid  
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## 2022-2023 CONFIRMATION OF CHILD SUPPORT PAID

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

On the FAFSA it was reported that you paid child support in 2020. 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 2020: \$ \_\_\_\_\_

**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