## **Southwestern College**



## **Financial Aid Office**

## 2018-2019 Child Support Paid Form

Last Name	First Name	MI	S	WC ID Number
A. Child Support Paid				
person(s) who paid the child su the child(ren) for whom the chi	pport, the name(s) of the pold support was paid and the be required to provide doc	erson(s) to whom the chile total <b>ANNUAL</b> amount oumentation of the payme	d support was f support that ent of child su	dicate below the name(s) of the spaid, the name(s) and age(s) of twas paid in 2016 for each child. apport. If more space is needed,
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Child for Whom Child Support was Paid	Age of Child	Total Amount of Child Support Paid in 2016
B. Certification				
= =	e for delay, denial, reduction	or withdrawal of financia	-	e statement or failure to provide ng: purposely giving false and/or
Student Signature Date		Parent Signature		Date
Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the Southwestern College Financial Aid Office. You should make a copy of this worksheet for your records.				