CHILD SUPPORT PAID

2016-2017

Student Name_________________________________________ ID #__________________________

Siblings at Calvin __________________________________________
(List name and ID number of sibling(s) that will be attending Calvin in 2016-2017 to which this information is also to be applied.)

1. Please certify the following information regarding the child support you paid in 2015.

   a. Amount of child support paid in 2015: $__________________

   b. The name of the person to whom child support was paid: ____________________________

   c. The name of the children for who child support was paid: ____________________________

   __________________________________________________
   __________________________________________________

BY SIGNING THIS WORKSHEET, I CERTIFY THAT ALL THE INFORMATION REPORTED IS TRUE AND ACCURATE. I UNDERSTAND THAT IF THIS FORM IS INCOMPLETE OR RETURNED LATE, MY FINANCIAL AID WILL BE DELAYED AND A REDUCTION IN AID COULD OCCUR.

Parent Signature_________________________________________ Date ________________________

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