CHILD SUPPORT PAID

2015-2016

Student Name__________________________________________ ID #____________________________

Siblings at Calvin______________________________________
(List name and ID number of sibling(s) that will be attending Calvin in 2015-16 to which this information is also to be applied.)

1. Please certify the following information regarding the child support you paid in 2014.

   a. Amount of child support paid in 2014: $__________________

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

   c. The name of the children for whom 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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