

## Office of Financial Aid

## 2015-2016 Child Support Paid Verification Form

The purpose of this form is to verify your Child Support Paid. Please complete and return this form to the Financial Aid Office by US Mail, FAX, or Email. For questions, call 717.691.6007.

Student Information								
Last Name			First Name	М.	I. Mes	essiah College Student ID		
Date of Birth Home Phone Number		Home Phone Number	Student's E-mail			Parent's E-mail		
<u>Cł</u>	nild Support Paid	<u>l</u>						
Die	d the student or pare	ent pay child support du	uring the calend	ar year 20	14?			
		te the table below. I to signature section.						
		t: Enter information abouent: Enter information abo						
	Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of C Whom Supp Paid		Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2014		
						\$	.00	
						\$	.00	
						\$	.00	
						\$	.00	
					Total Paid:	\$	.00	
					Total Palu.	\$	.00	
<u>Si</u>	gn This Form							
De	pendent Student: St	s form certifies that all the udent and one parent mu f married, spouse's signa	ıst sign.	rted on th	s form is complete	e and correc	et.	
	ditional documentation A copy of the separa A statement from the	to believe that the inform n, such as: ation agreement or divorce e individual receiving the support payment checks o	e decree that she	ows the an	nount of child supp	oort to be pr	ovided;	

Parent's Signature or Spouse's Signature

Date

Date

Student's Signature