

2018-2019 Child Support Paid Verification

Section 1: Student Information

Last Name: _____ First Name: _____

Student ID Number: _____

Permanent Address

Street & Number: _____ City, State, and ZIP: _____

Date of Birth: _____

Local Phone Number (Include Area Code): _____

Permanent Phone Number (Include Area Code): _____

Email Address: _____

Section 2: Child Support Paid for Calendar Year 2016

Did you pay child support because of divorce or separation during the calendar year 2016? Please note, do not include support for children included in your household size. If yes, please fill out the following table. If no, please continue to Section 3.

Yes No

Amount of Child Support Paid?	Name of Person Whom Child Support Was Paid?	Name of Child for whom Child Support Was Paid?	Age of Child

Section 3: Certification

By signing this worksheet, I certify all the information reported is complete and correct:

Student Signature: _____ Date: _____

Student Name (Please Print): _____ Student ID Number: _____

Parent Signature (IF student is dependent): _____

Spouse Signature (IF Student is married): _____

Date: _____ Parent/Spouse Name (Please Print): _____

Return completed form and any other pertinent documents to:

Felician University
Financial Aid Office
262 South Main Street
Lodi, NJ 07644
Phone: 201-559-6010
Fax: 201-559-6025