2017-18 Child Support Paid KSC Financial Aid Office/ Federal Student Aid Programs

names of the persons who was paid, the names of the	paid the child support, the rechildren for whom the child in 2016 for each child. If me	udent paid child support in 2015. Linames of the persons to whom the support was paid, and the total are space is needed, provide a se	child support nnual amount of
Student's Name (Last, First, MI)		Student ID #	
NOTE: The Parent named below this page.	v as "Name of Person Who Paid	Child Support" MUST provide a signatu	re at the bottom of
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support was Paid	Amount of Child Support Paid in 2016
 require additional documer A copy of the sepa be provided; A statement from to received; or Copies of the child 	ntation, such as: ration agreement or divorce the individual receiving the c support payment checks or		child support to
and complete to the best of yo	our knowledge and you agree, ported on this form. If you purp	t, you certify that all of the information if asked, to provide information that wiposely give false or misleading information	II verify the
Student's Signature		Date	
Parent's Signature (required for dependent students)		Date	
Parent's Signature (required for dependent students)		Date	

You must return this worksheet within 30 days of receipt to avoid INACTIVE status.

For more information, visit us online at www.keene.edu/admissions/aid.

Financial Aid Office— Keene State College, 229 Main Street, Keene, NH 03435-2606

Phone: 603-358-2280 — Fax: 603-358-2794 — Web: www.keene.edu/admissions/aid