

## 2020-2021 Dependent Student Child Support Paid/Received Worksheet

Student's Last Name First			Student's Identification (ID) Number		
Student's Street	Address (include ap	t. no.)	Student's Phone N	Student's Phone Number	
				@ student.fairfield.ed	
City	State	Zip Code	Zip Code Student's Email Address		
Check here	e if you parent <u>RECI</u>	D child support in the EIVED child support in the chousehold of the stu	•	fany of the parents	
ist below the na	imes of the person nes of the children	s who <b>paid child sup</b> for whom the child s	8 -please <u>complete the table</u> port, the names of the person upport was paid, and the tota	ns to who received child	
support that was	s paid in 2018 for e	ach child.			
•		me of person who vived child support	Name of child for Amount of child whom support was paid support paid in 2018		
•			ncludes the student's name and ID garding child support paid is not	<u>-</u>	
Certifications and	а	dditional information.	, , , ,	WARNING: If	
	_		n reported is complete and corr on the FAFSA must sign and dat	give false or	
Student Signature			 Date	misleading information	
				you may be fined, be	
Parent Signature			Date	sentenced to	
Please return this form to:				jail, or both.	

Please return this form to: Fairfield University - Office of Financial Aid Mail: 1073 North Benson Road Fairfield, CT 06824

Email: <a href="mailto:finaid@fairfield.edu">finaid@fairfield.edu</a>
Fax: 203-254-4008