

SAINT LOUIS UNIVERSITY™

STUDENT FINANCIAL SERVICES

One Grand Blvd.

DuBourg Hall, Room 121

Saint Louis, MO 63103

Phone: 314-977-2350

Fax: 314-977-3437

Email: SFS@SLU.edu

2017-2018 Child Support Paid (Independent Student)

Student's Name _____ SLU Banner ID Number _____

If the student and/or spouse, who is a member of the student's household, paid child support in 2015, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

Children listed below should NOT be included in the household on the FAFSA for this student.

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

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	Annual Amount of Child Support Paid in 2015
Total Amount of Child Support Paid			\$

NOTE: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:

- A signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

STOP: Did you fully complete this form? We will return any incomplete / unsigned forms for correction.

By signing, I certify that all of the information reported and/or attached is complete and correct. **WARNING:** If you purposely provide misleading information or withhold information, you may be subject to penalty of law and/or institutional sanctions.

STUDENT'S SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

NOTE: Signatures must be handwritten. Computer fonts not acceptable