



Office Use Only

**Office of Financial Aid**  
2016-2017 Child Support Paid Worksheet

The information requested on this form is needed to process your application for financial aid for the 2016-2017 school year. Complete this form and return it to the Office of Financial Aid so your application can be processed. If you have been notified that you must complete this form and fail to do so, you may jeopardize your eligibility for financial aid.

Please print. **Incomplete forms cannot be accepted.**

		XXX-XX _____
Student's Last Name	First Name	SSN: (last four digits)
Date of Birth		Phone Number (include area code)

Your 2016-2017 FAFSA indicated that child support was paid because of divorce or separation or as a result of legal requirement during the year 2015. The Office of Financial Aid is required to verify this information. Please check the appropriate box below and complete the required information.

- Child support was not paid in 2015 and was reported in error on the FAFSA.
- My parent and/or stepparent paid child support in 2015.
- I and/or my spouse paid child support in 2015.

***If child support was paid, complete the following:***

Name of person who paid child support: \_\_\_\_\_

Person to whom the child support was paid: \_\_\_\_\_

Name of child(ren) for whom the support was paid: \_\_\_\_\_

Total amount of child support paid during the year 2015: \_\_\_\_\_

**Certification and Authorization**

*By signing this form, we certify that all the information reported is complete and correct. I understand that if I purposely give false or misleading information on this form, I may be fined, sentenced to jail, or both.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (required for dependent students)

\_\_\_\_\_  
Date

***This form contains personally identifiable information.***  
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