

Child Support Received

2024-2025

Student Name: _____

Hope College ID Number: _____

We are reviewing your 2024-25 financial aid application and need clarification of the child support received by your custodial parent. Your parent/s should enter the total amount received in child support for the last complete calendar year below.

Child's Name	Amount Received	Termination Month/Year
	\$	
	\$	
	\$	
	\$	
	\$	

Name of parent paying child support: _____

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The parent whose information was reported on the FAFSA must sign and date. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Parent Signature: _____

Date Signed: _____

(signature must be in ink)