

**2016-2017
CHILD SUPPORT RECEIVED
STATEMENT****Student Name:** _____ **Hope Student ID #:** _____**Please report the total amount of child support your custodial parent received in 2015 for ALL his/her dependent children (include the student applicant):**

| CHILD'S NAME | AMOUNT RECEIVED IN 2015 | TERMINATION DATE FOR CHILD SUPPORT |
|--------------|----------------------------|--|
| 1. | \$ | |
| 2. | \$ | |
| 3. | \$ | |
| 4. | \$ | |

Name of non-custodial parent: _____

Return this completed form to the address listed below.

Custodial Parent Signature: _____**Date Signed:** _____