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Office of Financial Aid • 100 East 8<sup>th</sup> Street • PO Box 9000 • Holland, MI 49422-9000  
P: 616-395-7765 • F: 616-395-7160 • finaid@hope.edu • hope.edu/financialaid

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**Student Name:** \_\_\_\_\_

**Hope College ID Number:** \_\_\_\_\_

**Report the total amount of child support you and/or your spouse paid in 2015. Do NOT include amounts paid for children reported as being in your household on the FAFSA.**

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

NAME & AGE of CHILD For whom child support was paid	AMOUNT PAID IN 2015	TERMINATION DATE FOR CHILD SUPPORT
1.	\$	
2.	\$	
3.	\$	
4.	\$	

- Name of person to whom child support was paid: \_\_\_\_\_

- Home address of recipient: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

My signature below certifies that all of the information reported is complete and correct.

Return this completed form to the address listed below.

**Signature of Student or Spouse  
Who Paid Child Support to  
Another Household:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_