



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

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

**Report the total amount of child support your parent or stepparent paid in 2015. Do NOT include amounts paid for children reported in your parent’s 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 Parent Who  
Paid Child Support to  
Another Household:** \_\_\_\_\_

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