



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

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

**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: \_\_\_\_\_

**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.

**Custodial Parent Signature:** \_\_\_\_\_

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