



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

Student Name: _____

Hope College ID Number: _____

Report the total amount of child support you and/or your spouse paid in 2016. 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 2016	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.

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

**Date
Signed:** _____