



Office of Financial Aid • 100 East 8<sup>th</sup> Street • PO Box 9000 • Holland, MI 49422-9000  
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**Student Name:** \_\_\_\_\_

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

**Please report the total amount of child support your custodial parent received in 2016 for ALL his/her dependent children (include the student applicant):**

CHILD'S NAME	AMOUNT RECEIVED IN 2016	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.

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

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