

## **Office of Financial Aid**

P.O. Box 1, Donaldson, IN 46513 / finaid@ancilla.edu / call 574-936-8898 / fax 574-935-1773

## **Child Support Paid Student**

Student's Last Name Student's First Name Student's M.I.					Student's ID Number		
Stı	dent's Social Security Number	of Birth		Student's Cell Phor	Student's Cell Phone Number		
3.	On the FAFSA, you reported that you, the student, <b>paid</b> child support in 2017. Ancilla College is required by the Department of Education to confirm this information in order to complete your student's financial aid.						
	The student or spouse, who is a member of the student's household, paid child support in 2017.  Indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, to names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2017 for eachild. If you need more space, attach a separate page that includes your name and Social Security Number at the top.						
	Name of Person Who Paid	Name of Person to	Whom Child	Name	of Child for Whom	Amount of Child	
	Child Support	Support was Paid		Su	pport Was Paid	Support Paid in 2017	
	Marty Jones	Chris Smith (e	example)		Terry Jones	\$6,000.00	
	Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation to confirm the amount received such as copies of the child support payment checks, money order receipts, or sir records of electronic payment having been made. If asked, you must provide documentation of the payment of child support.						
	documentation to confirm the a						