

Sandburg Financial Aid  
 2400 Tom L. Wilson Blvd  
 Galesburg, IL 61401  
 Phone: 309.341.5283  
 Fax: 309.344.2529



CARL  
 SANDBURG  
 COLLEGE™  
 www.sandburg.edu

## 2018-2019 Parent's Child Support Paid

Student's Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Last 4 SSN# xxx-xx- \_\_\_\_\_

One (or both) of the student's parents reported child support paid in 2016. Please indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2016 for each child. **If asked by the school, I will provide documentation of the payment of child support.** *If you need more space, attach a separate page.*

\_\_\_\_\_ No person in my parent's household paid child support in 2016. Please correct the Financial Aid application.

Name of Person Who Paid Child Support	Name of Person Whom the Child Support Was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2016
<i>Marty Jones (example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

I certify the information provided above is true and complete.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_