

Complete this form only if specifically requested by the Earlham College Financial Aid Office.

SECTION A: STUDENT INFORMATION

Student's Name: *(please print)* _____ Student ID Number _____

Street Address: _____ City, State, Zip _____

SECTION B: ANNUAL CHILD SUPPORT PAID

Provide the following information about child support **PAID** by either the student or the parent(s) whose information is on the Free Application for Federal Student Aid (FAFSA) for the student for the 2018-19 academic year.

TOTAL 2016 CHILD SUPPORT PAID: \$ _____

To whom was the child support paid? _____

Name(s) of the child/children for whom the child support was paid: _____

SECTION C: SIGNATURES

Student's Signature _____ Date _____

Parent's Signature: _____ Date: _____