

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 2019-20 academic year.

**TOTAL 2017 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: \_\_\_\_\_