



CHILD SUPPORT PAID STATEMENT

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

SECTION A · STUDENT INFORMATION

Student Name	Student ID Number
<input type="text"/>	<input type="text"/>

Please print or type

Street address	City	State	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 2024-25 academic year.

Total 2022 Child Support Paid	To whom was the child support paid?
\$ <input type="text"/>	<input type="text"/>

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

SECTION C · SIGNATURES

Student Signature	Date
<input type="text"/>	<input type="text"/>

Parent Signature	Date
<input type="text"/>	<input type="text"/>