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# VERIFICATION OF CHILD SUPPORT RECEIVED

**2025-2026**

**Student’s Name: \_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **USF ID­ or SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To continue processing your application for financial assis­tance, the follow­ing informa­tion is required. Please have your family complete the chart below re­garding the amount of child support **received by you, your spouse and/or parents during 2023**. List below the full name of each child and the total amount received. Please feel free to contact Financial Aid Services if you have any questions regarding this information.

**Name of Person who Received Child Support:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the person listed above, indicate the Child Support Received in 2023 for each dependent child listed below.**

Received for­­­ (Child’s Name): ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­

Amount per month $\_\_\_\_\_\_\_\_ x # Months \_\_\_\_\_\_ = Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received for (Child’s Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount per month $\_\_\_\_\_\_\_\_ x # Months \_\_\_\_\_\_ = Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received for (Child’s Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount per month $\_\_\_\_\_\_\_\_ x # Months \_\_\_\_\_\_ = Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received for (Child’s Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount per month $\_\_\_\_\_\_\_\_ x # Months \_\_\_\_\_\_ = Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Child Support Received in 2023 for all household children $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For additional children, please report on the reverse side of this form.***

**I/We certify the above information to be true and correct to the best of our knowledge.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_

Student’s Signature Date Parent Signature Date

Please return the completed form to:

**Financial Aid Services**

500 Wilcox Street Joliet, IL 60435 | finaid@stfrancis.edu

(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822