



VERIFICATION OF CHILD SUPPORT RECEIVED 2026-2027

Student's Name: _____ USF ID: _____

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 2024**. 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 2024 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 2024 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