

2016-2017 VERIFICATION  
WORKSHEET – CHILD  
SUPPORT PAID



Your FAFSA was selected for review in a process called verification. In this process, Florida SouthWestern State College will compare information from your 2016-17 Free Application for Federal Student Aid (FAFSA) with the information you provide on this worksheet. The law requires us to ask for this information before awarding Federal aid. If there are differences between your application information and your financial documents, the College will need to make corrections.

You are required to complete all appropriate sections of this form and submit it to FSW's Financial Aid Office with any additional requested documentation. If you do not complete this form or submit all of the required documents requested, we will not be able to complete the processing of your financial aid.

**NOTE: THIS FORM IS NOT FOR CHILD SUPPORT RECEIVED**

Student's name: \_\_\_\_\_  
Last First M.I

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Section 1: Child support PAID in 2015

**DEPENDENT STUDENTS (student was born on or after 1/1/1992 and parent information was included on the FAFSA):**

Did you (or parent) pay child support in 2015?

Yes  No

If answered yes, please list below the names of the persons who paid the child support, the names of the person to whom the child support was paid, the names of the children for whom the child support was paid, the ages of the children, and the total annual amount of child support that was paid in 2015 for each child.

Name of person who paid child support	Name of person to whom child support was paid	Name of child for whom support was paid	Age of child	Amount of child support paid in 2015

**INDEPENDENT STUDENTS:**

Did you (or spouse) pay child support in 2015?

Yes  No

If answered yes, please list below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, the ages of the children, and the total annual amount of child support that was paid in 2015 for each child.

Name of person who paid child support	Name of person to whom child support was paid	Name of child for whom support was paid	Age of child	Amount of child support paid in 2015

# CHLD17

Student ID: @\_\_\_\_\_

## Section 2: Sign this worksheet

By signing below, both student and parent(s) acknowledge and confirm that the above is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. ***If the student is Dependent, one parent whose information was reported on the FAFSA must sign and date this form.***

Student's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dependent students only)

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