## CHAMPLAIN COLLEGE

## STUDENT 2021 CHILD SUPPORT PAID

OFFICE OF FINANCIAL AID 163 South Willard Street

PO Box 670 Burlington, Vermont 05402

> P 802.860.2777 F 802.860.2775

www.champlain.edu

STUDENT INFO	RMATION (PLEASE PRINT)			
				_
LAST NAME	FIRST NAME	MI	CHAMPLAIN COLLEGE ID NUMBER	_
ADDRESS			DATE OF BIRTH	_
CITY	STATE	ZIPCODE	TELEPHONE NUMBER (INCLUDE AREA CODE)	_
	<u>Stude</u>	nt Statement of Chi	ild Support Paid	_
	aration or as a result of a		ndent (and his/her spouse) <b>paid</b> in 2021 because of ort for children in the student's own household	f
I or my spouse	paid \$ in	Child Support in 2021.	The amount reported on the 2023-2024 FAFSA w	as
\$	and reported corr	rectly incorrectly.		
Child Support for the children		g person:		
Name of Child			Age of Child	
student's signature			DATE	



WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.