

Financial Aid Services

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Joliet, IL 60435
815-740-3403
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E-mail: finaid@stfrancis.edu



UNIVERSITY OF ST. FRANCIS

**VERIFICATION OF CHILD SUPPORT RECEIVED
2007-2008**

Student's Name: _____ **SSN or USF ID#** _____

In order to continue processing your application for financial assistance, it is necessary to request the following information. Please have your family complete the chart below regarding the amount of child support received during 2006. List the full name of each child and the total amount received. If necessary, you may use the reverse side of this form for additional space. Please do not hesitate to contact our office if you have any questions about this request.

<p>Received for: _____ (Child's Name)</p> <p>Amount per month \$ _____ x # Months _____ = Total \$ _____</p>
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<p>Received for: _____ (Child's Name)</p> <p>Amount per month \$ _____ x # Months _____ = Total \$ _____</p>

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

Student's Signature Date

Father's (Stepfather's) Signature Date

Spouse's Signature Date

Mother's (Stepmother's) Signature Date