UNIVERSITY OF ST. FRANCIS®
Respect. Service. Integrity. Compassion.

FINANCIAL AID SERVICES

500 Wilcox Street, Joliet, IL 60435
Ph: (815) 740-3403; *toll-free*: (866) 890-8331
Fax: (815) 740-3822; e-mail: *finaid@stfrancis.edu*

VERIFICATION OF CHILD SUPPORT RECEIVED
2008-2009

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 2007**. 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.

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 $ _____

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