



**VERIFICATION OF CHILD SUPPORT RECEIVED  
2021-2022**

**Student's Name:** \_\_\_\_\_ **USF ID or SSN:** \_\_\_\_\_

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 2019**. 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 2019 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 2019 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 (1) Signature    Date

Please return the completed form to:

**Financial Aid Services**

500 Wilcox Street Joliet, IL 60435 | [finaid@stfrancis.edu](mailto:finaid@stfrancis.edu)  
(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822