Verification of Child Support Paid

Student Name: _____ **RU ID Number:** _____

On your FAFSA, you indicated that you or your parent (if you are a dependent student) had paid child support benefits during 2011. As part of the verification process, you must provide documentation of this support.

1. **Independent Students:** Complete this section if you or your spouse, if married, paid child support in 2011.

☐ Either I, or if married my spouse who is listed in Section B of this worksheet, paid child support in 2011. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2011 for each child. If asked by my school, I will provide documentation of the payment of child support. If you need more space, attach a separate page that includes your name and Social Security Number at the top.

2. **Dependent Students:** Complete this section if one of the student's parents paid child support in 2011.

☐ One (or both) of the student's parents listed in Section B of this worksheet paid child support in 2011. The parent has indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2011 for each child. If asked by the school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes the student's name and RU ID # at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2011
Marty Jones	*Chris Smith (example)*	*Terry Jones*	*$6,000.00*

By signing this worksheet, I certify that all the information reported to qualify for Federal student aid is complete and correct.

_____ _____

Student's Signature Date

_____ _____

Parent's Signature (**Required for Dependent Students ONLY**) Date

Submit this worksheet to the Roosevelt University Financial Aid Office.

430 S. Michigan Ave., Chicago, IL 60605. (866) 421-0935, Fax (312) 341-3545