



VERIFICATION OF CHILD SUPPORT RECEIVED 2024-2025

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 2022**. 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 2022 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 2022 for all household children \$ _____

*For additional children, please report to ~~Parent~~ **Parent***

Date

Please return the completed form to:
Financial Aid Services