2020-2021 CHILD SUPPORT PAID IN 2018 – STUDENT

RETURN TO: CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 **FAX: (805) 756-7243** **EMAIL**: financialaid@calpoly.edu (Sensitive data should be encrypted.)	Student Last Name:
	Student First Name:
	Phone #: **EMPL ID#:**

IMPORTANT: Submit as soon as possible. Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for your complete file to be reviewed. If awarded FWS or SEOG, documents must be submitted no later than June 30, 2020 to avoid potential cancelation of those funds. In all circumstances, documents must be submitted prior to the last day of a student's enrollment at Cal Poly.

You (or your spouse) indicated that you **paid** child support in 2018. Please indicate 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, indicating the total amount of child support that was paid in 2018 for each child. If you need more space, attach a separate page that includes your name and Empl ID at the top.

If an error was made on the FAFSA, check the box below, sign and submit the form to the Financial Aid Office.

☐ This form does NOT apply because I did **not** pay child support in 2018.

For Office Use Only

Initials _____

*Parent: Please complete this information about child support paid in 2018. Only include information for children **not** already included in the household.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name & Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2018
Example: Marty Jones	*Chris Smith*	*Terry Jones 12 yrs*	*$6,000.00*

SIGN and DATE:
I certify that all information reported on this form and any attachment is true, complete, and accurate.
False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

_____   _____
Student Signature (Required. No electronic signature.)   Date

_____   _____
Student Spouse Signature (If applicable. No electronic signature.)   Date