Student Name: ___________________________ ID #: ___________________________

You or one of your parents indicated on the 2019-2020 FAFSA that they paid child support in 2017. List below the name(s) of the person(s) who paid the child support, the name(s) of the person(s) to whom the child support was paid, the name(s) of the children for whom the child support was paid, and the total annual amount of child support that **was paid in 2017** for each child.

If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Age of Child for Whom Support Was Paid</th>
<th>Total Amount of Child Support Paid in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Jones</td>
<td>Chris Smith (example)</td>
<td>Terry Jones</td>
<td>12</td>
<td>$6,000.00</td>
</tr>
</tbody>
</table>

Student Signature: ___________________________ Date: ______________

Spouse Signature: ___________________________ Date: __________________

Parent Signature: ___________________________ Date: __________________

*Digital signatures are not accepted. Email is not a secure method for submitting documents, please fax or mail.*

Return this completed form to:

Framingham State University • McCarthy Center, 5th Floor • 100 State Street • Framingham, MA 01701
Phone: (508) 626-4534 • Fax: (508) 626-4598