North Central College
Office of Financial Aid
30 North Brainard Street
Naperville, IL 60540-4690
Phone: (630) 637-5600
FAX: (630) 637-5608
Email: finaid@noctrl.edu

2020-21 VERIFICATION of CHILD SUPPORT PAID

Student's Name: _____ SID#:_____

A review of your financial aid application has determined we must request additional information regarding your child support paid information.

Please complete the following information:

Amount of Child Support Paid in 2018	**$** _____
Name(s) of child(ren) support was paid for in 2018	**Name(s)** _____ _____ _____
Name of person who PAID the child support in 2018	**Name** _____
Name(s) of the person(s) who RECEIVED the child support in 2018	**Name(s)** _____ _____ _____

I / We certify the above information to be true and correct.

_____ _____ _____ _____
Student's Signature Date Father's (Stepfather's) Signature Date

_____ _____ _____ _____
Spouse's Signature Date Mother's (Stepmother's) Signature Date