



Student Name: _____

Hope College ID Number: _____

Please report the total amount of child support your custodial parent received in 2020 for ALL his/her dependent children (include the student applicant):

CHILD'S NAME	AMOUNT RECEIVED IN 2020	TERMINATION DATE FOR CHILD SUPPORT
1.	\$	
2.	\$	
3.	\$	
4.	\$	

Name of non-custodial parent: _____

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

My signature below certifies that all of the information reported is complete and correct.

**Custodial Parent
Signature:** _____

**Date
Signed:** _____