

Child Support Received Statement 2023-2024

Office of Financial Aid • 100 East 8th Street • PO Box 9000 • Holland, MI 49422-9000 P: 616-395-7765 • F: 616-395-7160 • finaid@hope.edu • hope.edu/financialaid

Student Name:	Hope College ID Number:	
Please report the total amount of child support your custodial parent received in 2021 for <u>ALL</u> his/her dependent children (include the student applicant):		
CHILD'S NAME	AMOUNT RECEIVED IN 2021	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: (Signature must be	Date Sign oe in ink)	