2014 Tax Year
Child Support Paid Verification Statement

You were asked to submit this form because on the Free Application for Federal Student Aid (FAFSA) and/or the CSS/PROFILE Application, you reported that someone in the household paid child support in 2014. Please complete and sign and date this form. If you did not pay child support, enter zero ($0) as the total amount of child support paid and sign and date the form.

___________________________________________________  ____________________________________
Student’s Name        Wabash Student ID #

__________________________________________________
Name of parent paying child support

__________________________________________________
Name of parent receiving child support

Total amount of child support paid January 1, 2014 – December 31, 2014: $__________________

Names and ages of the children for whom child support was paid:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Certification
By signing this form, I certify that I paid the child support outlined above and that all of the information reported on this form is complete and correct.

_________________________________________  __________________________
Signature           Date

Return this form and any related documents to the Wabash College Financial Aid Office
PO Box 352, Crawfordsville IN  47933
765-361-6166 (fax)