



**Office of Financial Aid**

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**2016-2017 Confirmation of Child Support Paid**

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_

In review of your Free Application for Federal Student Aid (FAFSA) we have identified some information that needs clarification. On your FAFSA, it was reported that you **paid** child support in 2015. Please complete the following information concerning your child support paid in 2015. Once completed and signed, please return this form to the Office of Financial Aid via mail, fax or email. Please note that email forms must be signed and scanned.

If you did not **pay** child support, write zero (\$0) as the total amount of child support paid.

Name of the person who paid the child support: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name of person(s) support was paid to: \_\_\_\_\_

Name(s) of children for whom child support was paid: \_\_\_\_\_

\_\_\_\_\_

Total amount of child support paid in 2015: \$ \_\_\_\_\_

Each person signing this worksheet certifies that all of the information reported on it is complete and accurate.

\_\_\_\_\_  
Student's Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (required for dependent student)

\_\_\_\_\_  
Date