



finaid@southernregional.edu

OFFICE OF FINANCIAL AID

Name: _____ Student ID / SSN: _____

If you **RECEIVED** child support in 2015, please complete the following:

Please provide the following information:

Relationship to student: Self Spouse Parent / Step-parent

Name of child for whom support was RECEIVED	Age of child for whom support was RECEIVED	Annual amount of child support RECEIVED for this child in 2015
		\$
		\$
		\$
		\$

If you **PAID** child support in 2015, please complete the following:

Please provide the following information:

Relationship to student: Self Spouse Parent / Step-parent

Name of child for whom support was PAID	Age of child for whom support was PAID	Annual amount of child support PAID for this child in 2015
		\$
		\$
		\$
		\$

Please note: Additional documentation may be requested at the discretion of the Financial Aid Office, if there appears to be conflicting or inaccurate information.

Student's Signature

Date

Parent's Signature (only required for dependent students)

Date

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