



**Seward County Community College ♦ Financial Aid Office**  
2018-2019 Verification – Documentation of Child Support Paid

**Student Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Parent Information only applicable if parent information is provided on the FAFSA and parent paid the child support)*

Please list the child(ren) you paid child support for in 2016.

Name of Child

Social Security Number of Child

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