


Phone: (417) 836-5262  
Fax: (417) 836-8392  
FinancialAid@MissouriState.edu  
 @MSU\_FinAid



OFFICE of  
**STUDENT  
FINANCIAL AID**

Office of Student Financial Aid  
901 S. National Ave  
Springfield, MO 65897  
MissouriState.edu/FinancialAid

**2021-2022 Child Support Paid**

\_\_\_\_\_  
Student's Name (Last) (First) <sup>M</sup> BearPass # Student's Date of Birth

You indicated on your 2021-2022 FAFSA that one or more individuals in your household paid child support payments in 2019. To help us verify these payments, please complete sections A and B. If you need more space, attach a separate page that includes the student's name and BearPass (M#).

**The Office of Student Financial Aid may request documentation of the child support payments reported above. Please be prepared to provide such documentation if requested.**

**A. Child Support Paid**

PERSON WHO PAID CHILD SUPPORT IN 2019	RELATIONSHIP TO STUDENT	PERSON WHO RECEIVED CHILD SUPPORT IN 2019	CHILD FOR WHOM CHILD SUPPORT WAS PAID	AGE OF CHILD	CHILD SUPPORT PAID IN 2019
					\$
					\$
					\$
					\$
<b>Total Child Support Paid in 2019:</b>					<b>\$</b>

**B. Certification Statement & Signatures**

By signing below, I acknowledge that I have read and understand the information on this form, and certify that all information submitted is accurate and true to the best of my knowledge. I understand that submitting this form does not guarantee that my request for financial assistance will be granted.

\_\_\_\_\_  
Student's Physical Ink-Signature (No Digital Signatures)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physical Ink-Signature of Individual Paying Child Support

\_\_\_\_\_  
Date