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OFFICE of  
STUDENT  
FINANCIAL AID

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

**2022-2023 Child Support Received**

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

**COMPLETE ALL SECTIONS**

You indicated on your 2022-2023 FAFSA that one or more individuals in your household received child support payments in 2020. To help us verify these funds, 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 receipt of child support reported above. Please be prepared to provide such documentation if requested.**

**A. Child Support Received**

PERSON WHO RECEIVED CHILD SUPPORT IN 2020	RELATIONSHIP TO STUDENT	PERSON WHO PAID CHILD SUPPORT IN 2020	CHILD FOR WHOM CHILD SUPPORT WAS RECEIVED	AGE OF CHILD	CHILD SUPPORT RECEIVED IN 2020
					\$
					\$
					\$
					\$
<b>Total Child Support Received in 2020:</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 Receiving Child Support

\_\_\_\_\_  
Date