

2017-2018 CHILD SUPPORT VERIFICATION WORKSHEET

Contact Information
P: 610-436-2627
E: finaid@wcupa.edu
www.wcupa.edu/finaid

Complete electronically or print clearly in ink and provide signatures where indicated. Failure to complete all fields below may delay the disbursement of your financial aid funds.

Section A. Student Demog	raphic Information		
□ Dependent Student □ Independent Student First Name		WCU ID#	
		Last Name	
Daytime Student Phone Number		_Daytime Parent Phone Number	
Section B. Child Support One or both of the parents included in the who paid the child support, the names of support was paid, and the <i>total annual</i> is	the persons to whom the child sup	port was paid, the names and a	ges of the children for whom the c
Name and Age of Child	Name of Parent Paying Support	Name of Parent Receiving Support	2015 Total Amount
	i aying oupport	ixeceiving ouppoit	\$
			\$
			\$
			\$
			\$
			\$
Note: If we have reason to believe that the as: A copy of a payment history from I A statement from the individual recorrectories of the child support payme Section C. Signatures	Family Court/Domestic Services the ceiving the child support certifying to	at details all payments made; the amount of child support receiv	
We certify, under penalty of perjury in viola submitted with it, are true and correct.	tion of the laws of the United State	es of America, that the above stat	ements are true, and any documents
Student Signature Date			_
Parent Signature (if dependent) Date			

Please return all documents by email or mail.

Mailing Address: 030 Kershner Student Service Center, 25 University Avenue, West Chester, PA 19383

Email: finaid@wcupa.edu

Please note: we will no longer accept documents via fax.