

2018-2019 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 D	emographic In	formation	
☐ Dependent Student ☐ Independent Student		WCU ID#	
First Name		_ Last Name	
Daytime Student Phone Number		Daytime Parent Phone Number	
names of the persons who paid to	led in the household and he child support, the na	l/or the student paid or received on the persons to whom the chaid, and the total annual amoun	ild support was paid, the names ar
Name and Age of Child	Name of Parent Paying Support	Name of Parent Receiving Support	2016 Total Amount
	1 aying support	Receiving Support	\$
			\$
			\$
			\$
			\$
			\$
documentation, such as:A copy of a payment history	from Family Court/Don lual receiving the child s	egarding child support paid is not a nestic Services that details all paym support certifying the amount of ch y order receipts, etc.	nents made;
Section C. Signature We certify, under penalty of perjand any documents submitted w	ury in violation of the la	ws of the United States of America, ct.	, that the above statements are tru
Student Signature		Date	
Parent Signature (if dependen	t)	Date	

Please return all documents by email or mail.

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

Email: finaid@wcupa.edu