

## 2016-2017 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.

☐ Dependent Student ☐ Independent Student		WCU ID#	
First Name		Last Name	
Daytime Student Phone Number		Daytime Parent Phone Number	
names of the persons who paid t	led in the household and, he child support, the nam	es of the persons to whom the ch	child support in 2015. List below t nild support was paid, the names a nt of child support that was paid
Name and Age of Child	Name of Parent Paying Support	Name of Parent Receiving Support	2015 Total Amount
	raying support	Receiving Support	\$
			\$
			\$
			\$
			\$
			\$
<ul><li>documentation, such as:</li><li>A copy of a payment history</li></ul>	from Family Court/Dome	estic Services that details all payr apport certifying the amount of cl	
The state of the s			
Section C. Signature	ury in violation of the law		a, that the above statements are tru
Section C. Signature We certify, under penalty of perj	ury in violation of the law ith it, are true and correc	t.	

Please return all documents by email or mail.

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

Email: <a href="mailto:finaid@wcupa.edu">finaid@wcupa.edu</a>