

2020-2021 CHILD SUPPORT VERIFICATION WORKSHEET

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

To be completed by based on F	AFSA Status:	☐ Independent	t Student l	☐ Custodial	Parent of Dependent Studen
Student's Name	WCU ID#				
The Free Application for Federal the names of the persons who p names and ages of the children was paid or received in 2018 for	oaid the child sup for whom the cl	pport, the name:	s of the persons t	o whom the	child support was paid, the
Name and Age of Child	Name of Parent Paying Support		Name of Parent Receiving Suppor	t	2018 Total Amount
					\$
					\$
					\$
					\$
					\$
					\$
Note: If we have reason to belie additional documentation, such A copy of a payment history A statement from the indivi - or - Copies of the child support	as: r from Family Co dual receiving th	urt/Domestic Se ne child support o	rvices that details	s all paymer	its made;
We certify, under penalty of per are true, and any documents su	• •			of America,	that the above statements
Student Signature				Date	
Parent Signature				Date	
(Required for Dependent Stude					

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