



1109 W. Panola
 Carthage, TX 75633
 Phone 903.693.2035
 Fax 903.693.1122

Child Support Form 2016-2017

Name: _____ Panola ID _____

Phone# _____ Panola Email: _____

Please fill out the rows and columns below. If none apply, write "0" or "N/A." The financial aid office cannot process your financial aid package until verification of child support has been completed.

Name of person who paid child support	Name of person to whom the payment was made	Name of child for whom support was paid	Amount paid in 2015
			\$
			\$
			\$
If someone in your household received child support during 2015, list below.			
	(self, spouse, or parent)		\$
			\$

By signing below, each person certifies that all the information reported on this form is complete and correct.

 Student's Signature Date

 Parent Signature (required for Dependent Students) Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

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