2020-2021 Child Support

RETURN TO:
Office of Financial Aid
444 Western Blvd
Jacksonville NC 28546
Fax (910)455-2767

A: Student Information

Student's Last Name | Student's First Name | Student's M.I. | Student's CCCC ID Number

B: Household and Family Information

Write the names of all household members in the spaces below. Also, write the name of the college for any household member excluding parent(s) who will be attending at least half time between July 1, 2020 through June 30, 2021 and will be enrolled in a degree, diploma or certificate program.

Name	Age	Relationship	Name of College (If enrolled at least half-time)
		Self	*Coastal Carolina Community College*
Total # in household: _____			**Total # in college: _____**

C: Child Support

Enter the amount of child support received or paid by you or a family member in your household during the 2018 calendar year.

Name Of Person who paid support	Name of person to whom child support was paid	Name of child for whom support was paid	Amount paid monthly in 2018

Note: *If we have reason to believe that the information regarding child support is not accurate, we may require additional documentation, such as separation agreement, divorce decree, documentation from the State, etc.*

D: SIGN THIS WORKSHEET

BEFORE SIGNING, PLEASE CHECK FOR ACCURACY AND COMPLETENESS, THERE SHOULD BE NO BLANK OR UNANSWERED QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED AND WILL DELAY PROCESSING OF YOUR FINANCIAL AID.
Each person signing this form certifies that all information reported on it is complete and correct.

Student Signature		**Date**	
Parent Signature *(Dependent Students only)*		**Date**	

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