



# 2023-2024 Child Support Verification

Financial Aid Office  
444 Western Blvd  
Jacksonville, NC 28546-6816  
Fax: 910-455-2767  
Email: [finaid@coastalcarolina.edu](mailto:finaid@coastalcarolina.edu)

## 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, 2023 through June 30, 2024 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 2021 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 2021

**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.

## Certification and Signatures

I/We certify that all of the information reported on this worksheet is complete and correct.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature (Dependent Student Only) \_\_\_\_\_

Date \_\_\_\_\_

### WARNING:

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