## CHAMPLAIN COLLEGE

## PARENT 2019 CHILD SUPPORT RECEIVED

OFFICE OF FINANCIAL AID

163 South Willard Street PO Box 670 Burlington, Vermont 05402

> P 802.860.2777 F 802.860.2775

www.champlain.edu

STLIDENT INEC	ORMATION (PLEASE PRINT)		
TODEIVI IIVI	SKITATION (FLEASE FRINT)		
AST NAME	FIRST NAME	 MI	CHAMPLAIN COLLEGE ID NUMBER
DDRESS			DATE OF BIRTH
CITY	STATE	ZIPCODE	TELEPHONE NUMBER (INCLUDE AREA CODE)
		, received \$	in Child Support in 2019.
Р	ARENT NAME		
The amount incorrectly.	reported on the 2021-20	22 FAFSA was \$	and reported correctly
STUDENT'S SIG	GNATURE		DATE
PARENT'S SIGN	JATURF	<del></del>	DATE



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