CHILD SUPPORT PAID VERIFICATION WORKSHEET: 2019-2020

for Independent Students

In order to complete verification of your financial aid application for the 2019-2020 school year, the North Bennet Street School (NBSS) Financial Aid Office finds that further information is required. Specifically, you and/or your spouse reported on your Free Application for Federal Student Aid (FAFSA) that you paid child support in 2017. According to Department of Education (DOE) regulations, this information must be verified before we can confirm your financial aid award. Please complete and return this Child Support Paid Verification Worksheet to the NBSS Financial Aid Office as soon as possible.

A. Student Information:

First Name                                      Last Name                                      Middle Initial

B. Child support paid by you:

Name of person to whom child support was paid:

First Name                                      Last Name                                      Middle Initial

Name of the child(ren) on whose behalf the support was paid:

1. ____________________________________________ 2. ____________________________________________

3. ____________________________________________ 4. ____________________________________________

C. Child support paid by your spouse (if applicable):

Spouse’s name: ____________________________________________

First Name                                      Last Name                                      Middle Initial

Name of person to whom child support was paid:

First Name                                      Last Name                                      Middle Initial

Name of the child(ren) on whose behalf the support was paid:

1. ____________________________________________ 2. ____________________________________________

3. ____________________________________________ 4. ____________________________________________

D. Total amount of child support paid by you and/or your spouse (if applicable) in 2017: $___________

E. Certification:

__________________________________________            ___________________________________________
Student’s signature                     Date            Spouse’s signature – if applicable        Date

Return this form to the NBSS Financial Aid Office as soon as possible at: 150 North St., Boston, MA 02109, or by fax to 617-227-9292. Please contact the financial aid office at 617-227-0155 ext. 115 if you have any questions about the Child Support paid Verification Worksheet for dependent students.