

202 -202

Student Name:

Hope College ID Number:

We are reviewing your 2025-26 financial aid application and need clarification of the child support received by your custodial parent. Your parent/s should enter the total amount received in child support for the last complete calendar year below.

| Child's Name | Amount Received | Termination Month/Year |
|--------------|-----------------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

Name of parent paying child support: _____

Each person signing below certifies that all of the information reported is complete and correct. The parent whose information was reported on the FAFSA must sign and date. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Parent Signature:

Date Signed:

(signature must be in ink)