A. STUDENT INFORMATION (For institutional identification purposes)  ID:________________________

____________________________________________________________________________

B. Child support paid information – All lines MUST be complete. (If more than one child, please separate with a comma)

Name and age of children for whom support was paid: ________________________________________

Name of person to whom child support was paid: ____________________________________________

Name of person who paid the child support (Person who should sign below): ______________________

(Please print)

Amount of child support paid for calendar year 2014: ______________________________________

Payer’s relation to student (Circle one): Self Spouse Mother Father

C. Sign this Worksheet

By signing this worksheet, I certify that all of the information reported on this worksheet is complete and correct.

____________________________________________________________________________

(Payer Signature) (Date)

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

STOP

Did you fully complete and sign this form? We will return any incomplete or unsigned forms. If you have questions, call 701-777-3121.

Send completed form to:
WILLISTON STATE COLLEGE
FINANCIAL AID OFFICE
1410 UNIVERSITY AVENUE
WILLISTON, ND 58801
701.774.4248
wsc.financialaid@willistonstate.edu