



University of South Carolina Upstate

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Office of Financial Aid and Scholarships
Health Education Complex, Suite 2081
800 University Way, Spartanburg, SC 29303
Phone: 864-503-5340 Fax: 864-503-5974

2016-2017 Confirmation of Child Support Paid by Parent/Stepparent or Student/Spouse

Student's Last Name, First, M.I.

USC UPSTATE ID

VIP ID

We have received your 2016-2017 Free Application for Federal Student Aid (FAFSA). We are required to clarify any child support paid by a parent/stepparent or student/spouse in your household. Please complete the items below for each person to whom child support was paid. Once completed, please sign and return this form to the address or fax number provided at the top of this form.

Recipient Number 1

Name of Person Who Paid Child Support:

Name of Person to Whom Child Support Was Paid:

Total Amount of Child Support Paid to Person Above During 2015: \$

Name of Child or Children for Whom Child Support was Paid:

Recipient Number 2 (If Applicable)

Name of Person Who Paid Child Support:

Name of Person to Whom Child Support Was Paid:

Total Amount of Child Support Paid to Person Above During 2015: \$

Name of Child or Children for Whom Child Support was Paid:

Recipient Number 3 (If Applicable)

Name of Person Who Paid Child Support:

Name of Person to Whom Child Support Was Paid:

Total Amount of Child Support Paid to Person Above During 2015: \$

Name of Child or Children for Whom Child Support was Paid:

-OR-

No child support was paid

By signing below we certify that all information on this form is complete and correct. Signature required of person who paid child support.

Print name

Date

Signature

Date