

Office of Scholarships and Financial Aid
**2025 - 2026 CHILD SUPPORT
 RECEIVED FORM**



1600 South College Street, Mountain Home, AR 72653 • Phone: 870-508-6100 • Fax 870-508-6286

Student's Last Name	Student's First Name	Middle Initial	Banner ID Number:
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You have been selected for a process called verification. Being selected for verification can happen when a FAFSA is filed or changed in any way. The Office of Scholarships and Financial Aid must compare the FAFSA data submitted by the student with the information on this worksheet and other required documents. If there are differences, the FAFSA data may need to be corrected. The school may ask for additional information. For more information regarding this process, please contact the Office of Scholarships and Financial Aid at 870-508-6100.

Enter total amount in child support RECEIVED for the last complete CALENDAR YEAR below.

Check the box next to the family member(s) that received child support.	Contributor listed on the FAFSA	Total amount of Child Support received for all dependents over the last complete CALENDAR YEAR.	Name(s) of dependent for Whom Child Support was received	What is the Relationship to the person who received the child support
<input type="checkbox"/>	Student	\$		
<input type="checkbox"/>	Student's Spouse	\$		
<input type="checkbox"/>	Student's Primary Parent of Record on the FAFSA	\$		
<input type="checkbox"/>	Spouse or Partner of the Primary Parent of Record on the FAFSA	\$		

Note: Parent signature is required when the student is considered dependent.

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

X _____ Student Signature	_____ Date	X _____ Parent Signature (if dependent)	_____ Date
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