

Financial Aid Office 1115 North Roberts Helena MT 59601 Phone: (406) 447-6916

2017-2018 Verification of Child Support Paid

Name:	ID#: <u>770-</u>
Email:	Phone#:
the information on your FAFSA	process called "Verification." In this process, we are required to verify A. You indicated on your 2017-2018 FAFSA that you or someone in your in 2015. Please complete and submit the following form to the Financial tof child support paid in 2015.
Note: Aid cannot be disbursed	d until the requested documentation is received and reviewed.
	pay Child Support in 2015? (check box): f child support was paid for children not counted in your or your parent's
	☐ YES ☐ NO
 If YES, please complete se 	ection below. Additional information may be requested:
• Total amount paid for 20	15: \$
• Name of person(s) to wh	nom the child support was paid:
Name of child/children it:	was paid for:
By signing this workshee	et, you certify that the information reported is complete and correct.
Student Signature	Date Parent Signature (Dependent students only) Date

Return to the Financial Aid Office, Helena College, 1115 N. Roberts Street, Helena, MT 59601, or fax to: 406-447-6397.