

Ecclesia College

9653 Nations Drive Springdale, AR 72762

TEL (479) 248-7236 – FAX (479) 248-1455

2016-2017 CHILD SUPPORT INFORMATION FORM Federal Student Aid Programs

Please complete all sections of this form. Your financial aid file will not be complete until this and any other information that has been requested is received. Please print or type.

Student Name: _____

Name of Payer: _____

Amount of Child Support Paid: \$ _____

Recipient of Child Support Paid: _____

Name of Dependent for Whom Child Support was Paid: _____

Signature: _____ Date: _____