Child support paid because of divorce or separation or as a result of a legal requirement. Don’t include support for children in your parent’s household as reported in question 95 of the FAFSA.

If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

<table>
<thead>
<tr>
<th>Name Of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child Whom Support Was Paid and Address of Child</th>
<th>Age of Child</th>
<th>Amount of Child Support Paid in 2014</th>
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Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;

- A statement from the individual receiving the child support certifying the amount of child support received; or

- Copies of the child support payment checks or money order receipts.
Number of Household Members and Number in College

IMPORTANT MUST READ

List below the people in the student’s household

INCLUDE:  1. Yourself  2. Your spouse, if the student is married  3. The student or spouse’s children, unborn child* and others for whom you will provide more than 50% of the support**

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half Time (Yes or No)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
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</tr>
</tbody>
</table>

*Unborn child must be born before July 1, 2016 and you must submit a doctor’s note with the due date for any unborn child.

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Print Student’s Name ___________________________________________________ ID Number ______________________

Student’s Signature ________________________________________ Date ______________________

STOP: DID YOU FULLY COMPLETE THIS FORM? DID YOU SIGN THIS FORM? WE WILL RETURN ANY UNCOMPLETED OR UNSIGNED FORMS FOR CORRECTION. IF YOU HAVE QUESTIONS CONCERNING THIS FORM, CALL 453-3660.

Submit to: KVCC Financial Aid Office
92 Western Avenue
Fairfield, ME 04937
(207) 453-3660 Fax: (207) 453-3510

KVCC is an equal opportunity/affirmative action institution and employer. For more information, please call the Vice President/Academic Dean at 453-5117.