Name of Financial Aid Applicant (Please print in Black Ink)			2020-2021	
ast	First	MI	RETURN TO: OFFICE OF FINANCIAL AID	
tudent ID#			PORTERVILLE COLLEGE 100 EAST COLLEGE AVENUE	
tudent 10#	Date of Birth		PORTERVILLE, CA 9 3257	
revious Last Names (if applicab	ole)			
	Child S	upport Paid		
	Indepen	dent Student		
□ Neither the student no	r spouse (if married) paid cl			
names of the persons to		paid, the names of the chil	he persons who paid the child support, the ldren for whom the child support was paid	
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child fo Whom Support Ware Paid		
gnature: By signing this form, I	certify that all the information re	ported to qualify for federal	student aid is complete and correct. Warning: If you purposely give false or	
oplicant's Signature	Date		misleading information you may be fined, be sentenced to jail, or both.	
☐ One of the parents inc paid the child support, the	included in the household p	I child support in 2018. Let nom the child support was	ist below the names of the persons who paid, the names of the children for whom	
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child fo Whom Support W Paid		
gnature: By signing this form, I	certify that all the information re	ported to qualify for federal	student aid is complete and correct.	
gnature of Parent One	Print Name	Date	Warning: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.	
gnature of Parent Two	Print Name	Date	CHILD SUPPORT PAID FORM 2020-2021.pdf revised: 03-04	