



Child Support Paid  
2014-2015

Independent

To receive Federal Financial Aid you are required to verify the information you reported on your application for student financial aid. Please read the instructions and answer all the questions carefully. Return this form to: Salisbury University, 1101 Camden Avenue, Financial Aid Office, Salisbury, MD 21801.

**A. Student Information**

(Please Print)

Student Name \_\_\_\_\_

Birth Date

Address \_\_\_\_\_

Phone #

\_\_\_\_\_

SU ID #

\_\_\_\_\_

**B. Family Household Information**

List the people in your household, include:

- yourself and your spouse if you have one, and
- your children, if you provide more than half of their support from July 1, 2014 through June 30, 2015, and
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2015.

Full Name of Household Members (see above)	Age	Relationship	Enrolled in College 2014-2015?	Name of College (attending at least half-time, in a school eligible to participate in Title IV programs and enrolled in a degree seeking or certificate program in 2014-2015)
		Self	Yes	Salisbury University

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