STUDENT'S NAME: ___________________________ CWID: __________________

- Check this box if child support was paid by you the student or the student’s spouse in 2019. The student must sign this worksheet. If married, the spouse’s signature is optional.

- Check this box if child support was paid by parent and/or stepparent of student in 2019. If child support paid information was provided for parent, then the student and one parent must sign.

<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/Age of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example) Marty Jones</td>
<td>Chris Smith</td>
<td>Terry Jones/ age 8</td>
<td>$6,000.00</td>
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</tbody>
</table>

Certification and Signature

You, the student, and/or the parent(s) of, and/or the student’s spouse, if applicable, by signing this form certify:
1. All of the information provided is true and complete to the best of your knowledge
2. All federal and/or state financial aid received as a result of the information on this form will be used solely for purposes to pay the cost of attending A&M-Commerce
3. Will notify the Office of Financial Aid & Scholarships if changes occur to the information provided
4. Agree to provide information requested by the Office of Financial Aid & Scholarships to verify the accuracy of this completed form and/or clear conflicting information on file.
5. Acknowledge that the Office of Financial Aid & Scholarships has the authority to verify information requested and such information may include IRS Tax Return Transcript(s) and/or any other documents from other entities/agencies that can collaborate on the accuracy of the information provided
6. All parties who sign this form certify you are aware that purposely giving false or misleading information can result in a fine of up to $20,000, sent to prison, or both.

__________________________________________________________________________
Student’s Signature

__________________________________________________________________________
Date

__________________________________________________________________________
Student’s Spouse’s Signature, if married

__________________________________________________________________________
Date

__________________________________________________________________________
Student’s Parent Signature, if dependent

__________________________________________________________________________
Date