

Student's Name _____ Last Four of SSN _____

A. CHILD SUPPORT PAID

Complete this section only if your FAFSA indicates Child Support Paid.



Dependent Student*: One or both of the parents included in the household of the student paid child support in 2014. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.



Independent Student*: The student and/or spouse, who is a member of the student's household, paid child support in 2014. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

**Dependent student is required to provide parental information on the FAFSA.*

**Independent student is not required to provide parental information on the FAFSA.*

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

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name & Age of Child for Whom Support Was Paid	Amount of Support Paid in 2014
<i>Jordan Jones (example)</i>	<i>Taylor Smith</i>	<i>Meri Jones</i>	<i>\$6,000.00</i>

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 signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

B. SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM – SNAP

Complete this section only if your FAFSA indicates Receipt of SNAP (food stamps) Benefits.



Dependent Student*: The parent(s) certifies that a member of his/her household received benefits from the Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp Program) sometime during 2013 or 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a particular state, please call 1-800-4-FED-AID (1-800-433-3243).

The parent(s) household includes:

- the student;
- the parent(s) (including a stepparent), even if the student does not live with the parent(s);
- the parent(s) other children, if the parent(s) will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016. Include children who meet either of these standards, even if the children do not live with the parent(s).
- Other people, if they now live with the parent(s), and the parent(s) provides more than half of their support and will continue to provide more than half of their support through June 30, 2016.

**Dependent student is required to provide parental information on the FAFSA.*



Independent Student*: The student certifies that a member of his/her household received benefits from the Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp Program) sometime during 2013 or 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a particular state, please call 1-800-4-FED-AID (1-800-433-3243).

The student's household includes:

- the student;
- the student's spouse, if the student is married;
- the student's or spouse's children, if the student or spouse will provide more than half of their support from July 1, 2015, through June 30, 2016, even if the children do not live with the student;
- other people, if they now live with the student, and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2016.

**Independent student is not required to provide parental information on the FAFSA.*

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.

C. CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Parent's Signature (required for dependent students)

Date

Student's Name _____ Last Four of SSN _____

D. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

If the student is unable to appear in person at Kentucky Christian University to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing
(Print Student's Name)

this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending _____ for 2015-2016.
(Name of Postsecondary Educational Institution)

(Student's Signature) _____ *(Date)*

(Student's KCU ID Number)

Notary's Certificate of Acknowledgement

State of _____, City/County of _____

On _____, before me, _____
(Date) *(Notary's name)*

personally appeared, _____, and provided to me on basis of
(Printed name of signer)

satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____
(Date)

Do not mail this worksheet to the U.S. Department of Education.

**Submit this worksheet to:
Kentucky Christian University, Financial Aid Office
100 Academic Parkway
Grayson, Kentucky 41143**

You should make a copy of this worksheet for your records.