VILLANOVA UNIVERSITY

Child Support Received by a Parent in the Calendar Year of 2024

Please Return To:
Office of Financial Assistance Dropbox
https://www1.villanova.edu/university/office-of-financial-assistance/contact-us/dropbox-and-important-forms.html

Villanova University

Student's Name:_____ Student ID Number:_____

You are required to submit this form to the Office of Financial Assistance because on your child's FAFSA and/or CSS Profile you reported that you **received** child support in **2024**. Please complete this form in its entirety; sign, date, and submit it to our office. If you did not **receive** child support in **2024**, enter zero ($0) as the total amount of child support paid.

Parent Completing This Form: ☐ Custodial Parent ☐ Noncustodial Parent

Name of parent **paying** child support:_____

Name of parent **receiving** child support:_____

Total amount of child support received in the calendar year 2024 for **ALL** children:_____

Names and ages of the children for whom child support was received in calendar year 2024:

Name of Child	Current Age of Child

By signing this form, I certify that I received the child support indicated above and all of the information provided on this form is correct and accurate. A wet signature is required on this form.

Print Name of the Parent completing this form:_____

Parent Signature:_____ Date:_____