20242025 Dependent Student Child Support PareceivedWorksheet

				-		
Student's Street Address (include apt. no.)			Stu	udent's Phone Numbe	er	
					student.fairfield.ed	u
City	State	Zip Code	Stu	udent's Email Address	3	
	mplete the FAFSA in 20			eleted tax year at the time oport amounts). The CS		
	ner e f your parentand d to <u>PART OI</u> NE	d/or stepparent <u>Rl</u>	ECEIV ED ild su	upport in the tax yea	ar 20 or 2023	
Check h	nerefyour parentand TWO)	d/or stepparent	child suppo	rtin the tax year 22/2	or 2023(proceed	
	nere i f our parent an omplete <u>BOTH PAR</u>	• •	oth received a	and paid child suppo	ort in2 20 922023	
<u>PART ON</u> EIF`	YOUR PARENT AN	ID/OR STEPPAR	ENT RECEIV	ED CHILD SUPPOR	RT:	
	mes of the children	for whom the chi	ld suppoatsw	ames of the person , and the total ann children on separate	ual amount of chil	d
Name of pers			e of child for support was	Amount of child support received	Amount of child support	

Name of person two receivedchild support	Name of person who paid child support	Name of child for whom support was	Amount of child support received for this childin 2022	Amount of child support received for this child in 2023

Please return this form to:

Fairfield University Office of Financial Aid

Mail: 1073 North Benson Road Fairfield, CT 06824

Email:finaid@fairfield.edu

Fax: 203254-4008