



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>

Student's Name: _____ Villanova University
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.

Print Name of the Parent completing this form: _____

Parent Signature: _____ Date: _____