



**Ogeechee Technical College**  
 Office of Financial Aid  
 One Joe Kennedy Blvd  
 Statesboro, GA 30458  
 Phone: (912) 681-5500 ~ Fax: (912) 486-7403  
 Email: [fa@ogeecheetech.edu](mailto:fa@ogeecheetech.edu)

**Child Support Paid  
 Verification  
 Worksheet**  
 Form: **CHSP17**  
 Aid Year: 2017-2018

Please *Type* or *Print* clearly.

**Student Information:**

_____	_____	_____	_____
Last Name	First Name	MI	Telephone Number
_____	_____	_____	_____
Social Security Number	OTC – Student ID Number	Date of Birth	

**Federal Student Aid Programs:** Your application was selected for review in a process called “Verification.” In this process, the Office of Financial Aid will be comparing information from your application with your (and your parent(s), if a dependent student or your spouse, if an independent student) financial documents. We are required to review your FAFSA information under financial aid program rules (34 CFR, Part 668). The law states we have the right to ask you for this information before awarding Federal Aid. If there are differences between your application information and your financial documents, corrections to your FAFSA may be required.

**Child Support Paid:** List below the names of the persons in your household who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2015

**Certification and Signature**

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, if a dependent student) 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, if Dependent Student)	Date

**Do not mail this form to the Department of Education. Submit this worksheet to the Office of Financial Aid!**

As set forth in its student catalog, Ogeechee Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following person(s) has been designated to handle inquiries regarding the non-discrimination policies: Title IX Coordinator, Office 193, Joseph E. Kennedy building, 912.871.1885, [titleix@ogeecheetech.edu](mailto:titleix@ogeecheetech.edu); ADA/Section 504 Coordinator, Office 189, Joseph E. Kennedy building, 912.486.7211, [adacoordinator@ogeecheetech.edu](mailto:adacoordinator@ogeecheetech.edu); One Joseph E. Kennedy Boulevard, Statesboro, GA 30458. Ogeechee Technical College is a unit of the Technical College System of Georgia  
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