To receive Federal Financial Aid you are required to verify the information you reported on your FAFSA application for student aid. Please read the instructions and answer all the questions carefully.

Return this form by mail, fax, or hand deliver to Frostburg State University, Office of Student Financial Aid (address and contact information located at the bottom of this form)

A. Student Information (Please Print)

| Student Name: __________________________ | Birth Date: __________________________ |
| Address: _______________________________ | Phone: ______________________________ |
| | _______________________________ | |
| FSU ID: __________________________ |

B. Family Household Information

List the people in your household, include:

• yourself

• your spouse (if you are married)

• your children/step-children, if you will provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016 OR if the child would be required to provide your information if they were completing a FAFSA for 2015-2016.

• other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

<table>
<thead>
<tr>
<th>Name of Family Member</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td>Frostburg State University</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. Student/Spouse Information

☐ I/my spouse did NOT pay/was not required to pay child support in 2014.

☐ I/my spouse PAID child support in 2014 because of a divorce or separation or as a result of a legal requirement.

a) The amount of child support paid in 2014 $____________________________

b) The name(s) of the children for whom child support was paid in 2014

____________________________________________________________
____________________________________________________________


c) The name and address of the person to whom the child support was paid

____________________________________________________________
____________________________________________________________
____________________________________________________________


d) Signature of person that paid the child support in 2014

____________________________________________________________

D. Sign this Worksheet

You must sign this form. By signing this worksheet, you certify that all of the information reported on this worksheet is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

________________________________________________________________________________________

Student Signature                           Date

Office of Student Financial Aid
101 Braddock Road, Frostburg, MD 21532
Phone: 301-687-4301 · Fax: 301-687-7074 · Email: fsufinaid@frostburg.edu
www.frostburg.edu/ungrad/faid/