



AMERICAN SAMOA COMMUNITY COLLEGE

Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799
Telephone: (684) 699-9155, Fax: (684) 699-8968 email: faid@amsamoa.edu

**2015—2016
V3-Child Support Paid
Verification**

Your application for federal financial aid was selected for review in a process called “Verification.” In the process, we will be comparing information from your FAFSA application with THIS document. The law says we must ask you for this information before awarding financial aid. If there are differences between your application information and your financial documents, corrections will need to be made to your application and your information will be reprocessed.

You must complete and sign the worksheet and submit it along with any documents requested below. We cannot continue processing your financial aid application until verification has been completed.

I: STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID #
Address (P.O. Box, Village, City, State, Zip Code)			Date of Birth
Email Address			Home/Cell Phone

II: CHILD SUPPORT PAID VERIFICATION

A. Did you (or your spouse, if married) and/or your parent(s) pay child support in 2014?

YES NO

If yes, indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom support was paid, and the total annual amount of the child support that was paid in 2014 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 2014

III: CERTIFICATION STATEMENT

By signing this worksheet, I/we certify that all the information reported to qualify for Federal Student Aid is complete and correct.

Student (sign)	Date	Spouse (sign)	Date
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Parent (required for dependent student) Date

***Return this form along with any other required documentation to:
Financial Aid Office, American Samoa Community College, Pago Pago, AS 96799***