

VERIFICATION OF CHILD SUPPORT

On your 2010-11 Educational Opportunity Program Supplemental Financial Data Form, you indicated that your parent(s) received child support in 2009. In order to accurately assess your financial eligibility for the Educational Opportunity Program, please complete and return this form to our office within **TWO WEEKS**.

Print Student's Name _____

Student's Date of Birth _____ B-Number _____

I/We certify that \$_____ was the total amount received in child support in 2009.

Please list the children in the family below:

First Name _____	Last Name _____
First Name _____	Last Name _____
First Name _____	Last Name _____
First Name _____	Last Name _____
First Name _____	Last Name _____
First Name _____	Last Name _____

If there are additional children, please list them on the back of this form.

CERTIFICATION: All of the information on this form is true and complete to the best of my/our knowledge. This form must be signed and dated by you and your parent(s) or it will be returned to you.

Mother/Stepmother Signature _____ Date _____

Father/Stepfather Signature _____ Date _____

PLEASE MAIL TO:

Educational Opportunity Program PO Box 6000 Binghamton, NY 13902-6000

FAX TO:

607-777-2232