



# CONNECTICUT COLLEGE

Financial Aid Services - Larrabee Annex 270 Mohegan Avenue, New London CT 06320-4196  
Freshman and Transfer Applicants - Phone: 860 439-2216 Fax: 860 439-2159  
Matriculated Students - Phone: 860 439-2058 Fax: 860 439-5357  
E-mail: [finaid@conncoll.edu](mailto:finaid@conncoll.edu) Web: [www.connecticutcollege.edu](http://www.connecticutcollege.edu)

Student's Name (Please print) \_\_\_\_\_

Student's ID #: \_\_\_\_\_

## **2009 - 2010 Child Support Worksheet**

According to the information received on the Profile application and Non Custodial Parent Statement, **there is a discrepancy in the amount of child support paid and child support received.** To resolve this discrepancy, please fill out this worksheet and submit it to Financial Aid Services along with any appropriate documentation. (Documentation could consist of cancelled checks, check/bank statements, etc). **Both parents must sign this worksheet.**

### 2008 Child Support PAID

### 2008 Child Support RECEIVED

Jan \_\_\_\_\_

\_\_\_\_\_

Feb \_\_\_\_\_

\_\_\_\_\_

Mar \_\_\_\_\_

\_\_\_\_\_

Apr \_\_\_\_\_

\_\_\_\_\_

May \_\_\_\_\_

\_\_\_\_\_

Jun \_\_\_\_\_

\_\_\_\_\_

July \_\_\_\_\_

\_\_\_\_\_

Aug \_\_\_\_\_

\_\_\_\_\_

Sept \_\_\_\_\_

\_\_\_\_\_

Oct \_\_\_\_\_

\_\_\_\_\_

Nov \_\_\_\_\_

\_\_\_\_\_

Dec \_\_\_\_\_

\_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

Total Received: \$ \_\_\_\_\_

\_\_\_\_\_  
**Mother's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father's Signature**

\_\_\_\_\_  
**Date**

**Please return this worksheet as soon as possible to Financial Aid Services at the above mailing address. Thank you.**