

# CHILD SUPPORT FORM

You indicated that your parent(s) received child support in 2017. 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 OF REQUESTED DATE.

Print Student's Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Reference Number \_\_\_\_\_

I/We certify that \$\_\_\_\_\_ was the total amount received in child support in 2017.

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 not fulfill the requirement.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## HOW TO SUBMIT THIS FORM:

- Upload through the status checker ([status.binghamton.edu](https://status.binghamton.edu))
- Email: [eopadmit@binghamton.edu](mailto:eopadmit@binghamton.edu)
- Mail: Binghamton University Office of Undergraduate Admissions, PO Box 6001, Binghamton, NY 13902-6001
- Fax: 607-777-4445