**Statement of Child Support**

*Arthur O. Eve Higher Education Opportunity Program*

**Note:** All applicants must complete this form even if the amount of child support is $0.

This letter is to certify that I ____________________________, Mother/Father/Guardian

(Print Full Name)  (Circle One)

of ____________________________, confirm that the amounts listed below represent all the

(Name of Child Applying)

child support received by all members of the household.

If you are the guardian, please indicate your relationship to the student: ____________________________.

Additionally, my current marital status is (check one):

- Married
- Never Married
- Separated
- Divorce
- Widowed

- If Separated or Divorced, please provide the month and date of this occurrence:
  ________________.

  ○ Note: If divorced, you must forward a copy of your signed Divorce Decree.

**Check one**

Members of the household received $0 in child support in ____________ 2009 ________.

(Year Requested)

Child support totaling $ ____________ was received in ____________ 2009 ________ for:

(Year Requested)

<table>
<thead>
<tr>
<th>All persons living in household (Including all Adults over 25)</th>
<th>Relationship</th>
<th>Age</th>
<th>Amount Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self</td>
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</tbody>
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|                                                               | Age | Amount Yearly |
|                                                               |     |               |
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Statement of Child Support
Arthur O. Eve Higher Education Opportunity Program

If necessary, please explain any special circumstances that affect your family situation or income:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Sincerely,

__________________________________________   ____________________
Parent/Guardian Signature     Date

__________________________________________    ____________________
Notary Public        Date

Please return form to:
Tara Preteroti ● Academic Opportunity Programs Office, L-105 ● 3690 East Avenue ● Rochester, NY 14618