



Mailing Address:
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2010-2011 ACADEMIC YEAR
DIVORCE/SEPARATION ADDENDUM

STUDENT NAME: OSU ID#

Name of custodial parent:
Date of separation/divorce:

This form must be completed in conjunction with an appeal for divorce/separation when the custodial parent has little or no income. Inaccurate documentation can further delay the processing of your appeal.

Use this form to list expenses that are paid ON YOUR BEHALF. List dollar amounts per month. Do not leave blanks, use \$0 if applicable.

AMOUNT OF YOUR 2010 EXPENSES PER MONTH SOURCE - WHO PROVIDED THE FUNDS

Table with 2 columns: Expense Category and Amount per month. Rows include Rent/Mortgage, Food, Utilities (electric, gas, water, cable), Cell phone(s), Car payment, Other transportation, Insurance (car, health care), Clothing, Medical Expenses, and Other Expenses.

If you receive child support or alimony, list the MONTHLY amount for each:
Child support received: \$ per month Alimony received: \$ per month

If these payments are covering some or all of the above expenses, please explain below and report when you started receiving these funds and any other circumstances that will help clarify how your monthly expenses are being paid in 2010:

Blank lines for explaining expenses.

PLEASE RETURN THIS DOCUMENT AND ALL ATTACHMENTS TO:
The Ohio State University, Office of Student Financial Aid, P.O. Box 183029, Columbus, Ohio 43218-3029.

Signature of custodial parent Date