



**DEPENDENT MARITAL STATUS**

**2008-2009**

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE COMPLETE USING BLACK INK**

Thank you for submitting your verification worksheet and tax return to the Financial Aid & Scholarship Office. In the process of reviewing your student's verification paperwork, we have encountered some items that need clarification regarding your parent(s) marital status.

We noticed that some of your documents indicated that you are single and others that you are married. Please have your parent(s) complete this form and return to our office.

Are your *parent(s) married?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES, you are married, please provide us with the date you were married and your spouse's name, as well as a signed copy of your spouse's 2007 Federal 1040 Tax forms (if you have not already).	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First Name</span> <span>Last Name</span> </div>
If you answered NO, you are not married, please provide us with a date of your divorce/separation, a copy of your 2007 W-2.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>

\*Parents are considered to be your biological parents, step-parent (if your biological parents are divorced and remarried), adoptive parents, but not foster parents.

**PLEASE SIGN AND DATE FORM**

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

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