## SCC SPARTANBURG Community College

A. Student's Marital Status Confirmation

## 2024-2025 Statement of Marital Status

The SCC Financial Aid Office has received your 2024-2025 application for financial aid and has found conflicting information regarding you or your parent's marital status that requires clarification. Please complete this form as soon as possible confirming your or your parent's marital status. The information you provide will be used to verify, update, or correct the information on the FAFSA form. Processing of your financial aid file cannot continue, and no financial aid can be awarded until the required information has been received. The authority for SCC to review the requested documents can be found in CFR Title 34. The Financial Aid Office reserves the right to request any additional documentation necessary to determine marital status.

## STUDENT NAME:

SCC ID / SSN:

Date of Divorce:

Month: \_\_\_\_\_Year: \_\_\_\_\_

Date became widowed: Month: Year:

(Please check the boxes and fill all applicable dates that apply to you)				
$\Box$ I am single; never been married.				
<ul> <li>I am married</li> <li>I am married; however, I am separated from my spouse.</li> <li>I am divorced.</li> <li>I am widowed.</li> </ul>	Date of Marriage:       Month:       Year:         Date of Separation:       Month:       Year:         Date of Divorce:       Month:       Year:         Date became Widowed:       Month:       Year:			
<b>B.</b> Parent's Marital Status Confirmation (Dependent Students Only: Please have the parent who completed the FAFSA Name of parent completing form:	complete this section of the form.)			
What is your (parent's) marital status as of the date the 2024-2025 FAFSA form was completed? <i>Please check the boxes and fill all applicable information that apply to you (the parent))</i>				
<ul> <li>I am single; never been married.</li> <li>I am married</li> </ul>	Date of Marriage: Month:Year: Name of Spouse:			
$\Box$ I am not married but live with student's 2 <sup>nd</sup> biological or adopted	ed parent. Name of 2 <sup>nd</sup> parent:			
□ I am married; however, I am separated from my spouse.	Date of Separation: Month:Year:			

\_\_\_\_\_

☐ I am divorced.☐ I am widowed.

## C. Certifications, Signatures and Contact Information

By signing this Statement of Marital Status Form, I (we) certify that all information reported to qualify for federal financial assistance is complete and correct.

Student Signature:		Date:	
Parent Signature:		Date:	
*Student's Mailing Address:	Street	City	State and Zip
*Student's Telephone Numbers:	Home	Cell	

\* To receive all correspondence from SCC, please keep your mailing address updated in the SCC records office. Most communications from the SCC financial aid office, including the award notification, will be sent to your SCC email account. Through My SCC Portal, you must review your email and announcements regularly to ensure you have the latest information about your financial aid. \*

WARNING: If you purposely give false or misleading information on this form, you may be fined; sentenced to jail or both.

Spartanburg Community College – Financial Aid Office 131 Community College Drive, Spartanburg, S.C. 29303-4759 Phone: (864) 592-4810 Toll Free: 1-888-591-3810