

2018 – 2019  
**Marital Status Form**

Student Name \_\_\_\_\_ ID \_\_\_\_\_

According to your 2018-2019 Free Application for Federal Student Aid (FAFSA), you (or your parent) indicated your marital status was “separated/divorced”. Before your eligibility for federal and state financial assistance can be determined, this form must be completed and returned with all required documents.

Name of Student’s Spouse or Parent’s Spouse: \_\_\_\_\_

If you do not have a divorce decree OR if you cannot provide a letter from your attorney or legal aid office, you must submit the following information:

**1. Reference letters:** If you have not consulted with an attorney or legal aid and do not have a court date for the divorce proceedings or are not pursuing a divorce at this time, you must still provide evidence of your separation. You must attach a statement which confirms your separation claim from **2 people that are not relatives or friends.**

**For civilians:** your pastor, your landlord, your employer, or social services case worker can provide such a letter.

**For military:** Family Services Office, Unit Chaplain, or the Unit S-1 Personnel Office.

***This statement must include:***

- ***date of your separation***
- ***current address where you reside***
- ***contact information for the person providing the statement (phone number and email)***
- ***letter must be on business letterhead***

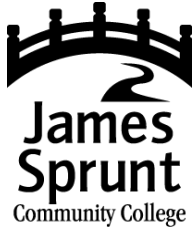
**2.** Provide copies of documents which are in your name only and not your spouse’s name; such as utility bills, lease/rental/mortgage documents, and bank statements.

**3.** A personalized letter from you describing your situation, including your separation date, and current address. If you are unable to provide any of the required supporting documentation you should include the reasons in your letter.

Please note: The Financial Aid Office may request additional information to help us determine if you are physically and financially separated from your spouse. Please submit all of the required information at one time, this will assist us in processing it in a timelier manner.

**MAIL OR RETURN TO:**

**James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349**



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**By signing this form, you agree to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, you will be referred to the United States Department of Education’s Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined, sent to prison or both.**

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

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

**MAIL OR RETURN TO:**

**James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349**