2015-2016 Statement of Parent Marital Status

Place a check in front of the statement below that best describes your parents’ marital status. If your parents are not married to each other, “your parent” is the parent with whom you currently live or the parent with whom you lived most during the past twelve months. If you did not live with either parent more in the last 12 months, “your parent” is the parent that provided the most financial support for you during the last 12 months or during the most recent year that you actually received support from a parent. This should be the same parent whose information you reported on your FAFSA.

☐ My mother and father are currently married to each other. They were married on   /   /____(month/day/year).

☐ My parents are not married to each other. I live with my____________(dad or mom) and his/her current marital status is single (never married) or widowed.

☐ My parents are married to each other, but have been separated since   /   /____(month/day/year). The address of the Parent I do NOT live with is _____________________________________________________________.

☐ My parents are not married to each other. I live with my____________(dad or mom) and his/her current marital status is married/remarried. He/She was married to_____________________________(name of stepparent) on __/    /____(month/day/year).

☐ My parents are not married to each other. I live with my____________(dad or mom) and his/her current marital status is separated. He/She was separated from my_____________________________(parent or stepparent), _______________________________(name of parent or stepparent), on   /   /____(month/day/year).

☐ My parents are not married to each other. I live with my____________(dad or mom) and his/her current marital status is divorced. He/she was divorced from my_____________________________(parent or stepparent), _______________________________(name of parent or stepparent), on   /   /____(month/day/year).

Parent Signature ___________________________ Parent Printed Name ___________________________ Date ___________________________

Student Signature ___________________________ Date ___________________________

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Form PMS (01-29-15)