



2026-2027 Statement of Marital Status

The SCC Financial Aid Office has received your 2026-2027 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: \_\_\_\_\_

A. Student's Marital Status Confirmation

(Please check the boxes and fill all applicable dates that apply to you)

- I am single; I have never been married.
I am married
I am married; however, I am separated from my spouse.
I am divorced.
I am widowed.
Date of Marriage: Month: Year:
Date of Separation: Month: Year:
Date of Divorce: Month: Year:
Date became Widowed: Month: Year:

B. Parent's Marital Status Confirmation

(Dependent Students Only: Please have the parent who completed the FAFSA complete this section of the form.)

Name of parent completing form: \_\_\_\_\_

What is your (parent's) marital status as of the date the 2026-2027 FAFSA form was completed? Please check the boxes and fill all applicable information that apply to you (the parent)

- I am single; I have never been married.
I am married
I am not married but live with student's 2nd biological or adopted parent. Name of 2nd parent:
I am married; however, I am separated from my spouse.
I am divorced.
I am widowed.
Date of Marriage: Month: Year:
Name of Spouse:
Date of Separation: Month: Year:
Date of Divorce: Month: Year:
Date became widowed: Month: Year:

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 Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

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