

# 2013-2014 Parent Marital Status Form



Go to [www.hagerstowncc.edu](http://www.hagerstowncc.edu)  
Click on 'Paying for College'  
Click on the FATV Logo

HAGERSTOWN  
COMMUNITY COLLEGE  
Student Financial Aid Office  
[finaid@hagerstowncc.edu](mailto:finaid@hagerstowncc.edu)  
FAX: 301-791-9165

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

Student Street Address \_\_\_\_\_ City, St. \_\_\_\_\_

Date your parents (or parent/step-parent) were **married**? \_\_\_\_\_

Date your parents (or parent/step-parent) were **separated**? \* \_\_\_\_\_

Date your parents (or parent/step-parent) were **divorced**? \* \_\_\_\_\_

\* **Please provide documentation verifying the dates provided for separation and / or divorce.** \*

**Mother/Step-Mother Information:** Full Name \_\_\_\_\_

Street Address: \_\_\_\_\_ City, St: \_\_\_\_\_

Is this person Active Military Personnel? YES NO

If Yes, where is this person Stationed? \_\_\_\_\_

**Father/Step-Father Information:** Full Name \_\_\_\_\_

Street Address: \_\_\_\_\_ City, St: \_\_\_\_\_

Is this person Active Military Personnel? YES NO

If Yes, where is this person Stationed? \_\_\_\_\_

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

*Each person signing this form certifies that all the information reported on it is complete and correct*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date