



Student Financial Aid Office
11400 Robinwood Drive
Hagerstown, MD 21742

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FAX: 301-791-9165

2014-2015 Parent Marital Status Form

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

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? *** _____

*** You may be required to provide documentation
verifying the dates provided for separation and / or divorce. ***

Mother/Father/Step-Parent Information: Full Name _____

Street Address: _____ City, St: _____

Is this person Active Military Personnel? YES NO

If Yes, where is this person Stationed? _____

Mother/Father/Step-Parent Information: Full Name _____

Street Address: _____ City, St: _____

Is this person Active Military Personnel? YES NO

If Yes, where is this person Stationed? _____

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

Student Signature Date

Parent Signature (required for dependent student) Date