



Student Financial Aid Office  
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# 2014-2015 Student 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. \_\_\_\_\_

Are You Active Military Personnel?  YES  NO

If Yes, where are you Stationed? \_\_\_\_\_

Date you and your spouse were **married**? \_\_\_\_\_

Date you and your spouse were **separated**? \* \_\_\_\_\_

Date you and your spouse were **divorced**? \* \_\_\_\_\_

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

Spouse's / Ex-spouse's Information:

Full Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State \_\_\_\_\_

Is Spouse/Ex-spouse Active Military Personnel?  YES  NO

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

***By signing this form you are certifying that all the information reported on it is complete and correct.***

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