

# 2017-2018 Parent Marital Status Form



Student Financial Aid Office  
11400 Robinwood Drive  
Hagerstown, MD 21742  
finaid@hagerstowncc.edu  
FAX: 301-791-9165

**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 Address: \_\_\_\_\_ City, St.: \_\_\_\_\_

What is your parents (or parent/step-parent) marital status today (check **only one** and **fill out only one date below**)?

- Never Married       Unmarried, both parents living together       Separated  
 Married, or remarried       Divorced, now single       Widowed

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

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

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

**\* You may be required to provide documentation verifying the dates provided. \***

**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? \_\_\_\_\_

**IMPORTANT:** If you would like to provide a statement to help explain the marital status circumstances, please feel free to do so.

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

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

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