



Student Financial Aid Office
 11400 Robinwood Drive
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 FAX: 301-791-9165

2018-2019 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? _____

What is your marital status as of **today** (check only one and fill out only one date below)?

- Never Married Married Separated
 Divorced, now single Widowed

Date you and your spouse were **married/remarried**? * _____

Date you and your spouse were **separated**? * _____

Date you and your spouse were **divorced/widowed**? * _____

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

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? _____

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

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

 Student Signature

 Date