

2020-2021  
Marital Status Form –  
Student/Spouse



Student Financial Aid Office  
11400 Robinwood Drive  
Hagerstown, MD 21742

Phone: 240-500-2473  
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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 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)?

- 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