

2009-2010 Separated Student Form

Student's Name _____ SSN _____
Last First MI

Address _____ Student ID# _____

City/State/Zip _____ Telephone _____

Spouse's Name _____ SSN _____
Last First MI

Spouse in College yes / no If Yes, List College _____

Spouse Address _____

City/State/Zip _____ Telephone _____

Date of Marriage _____ Date of Separation _____
Month/Year Month/Year

Number of Children _____ (0-12 years), _____ (13-18 years)

Do you receive child support? Yes (Complete the reverse side of this form.)
 No (Explain why you do not receive child support in the comment section on
the reverse side of this form.)

Attach current written documentation from at least *two (2)* of the sources listed below that would be familiar with your "separated" status. At least two (2) items must be checked and corresponding documentation must be attached. At least one of the written documents cannot be more than one year (12 months) old.

- 1. Legal Separation Papers
- 2. Marriage Counselor
- 3. DCF Office (TANF/Food Stamp Office, etc.)
- 4. Minister
- 5. Child Support Arrangements
- 6. Attorney
- 7. Property/Settlement Agreement

Note: Documentation must be on **letterhead stationery** and must include the name, address and telephone number of the person providing the statement.

This form must be **attached** to your documentation.

WARNING: If you *purposely* give *false* or *misleading information*, you may be *fined \$20,000*, *receive a prison sentence*, or *both*.

Please see other side.

Child Support Received

Calendar Year 2008

January \$ _____
February \$ _____
March \$ _____
April \$ _____
May \$ _____
June \$ _____
July \$ _____
August \$ _____
September \$ _____
October \$ _____
November \$ _____
December \$ _____

Calendar Year 2009

January \$ _____
February \$ _____
March \$ _____
April \$ _____
May \$ _____
June \$ _____
July \$ _____
August \$ _____
September \$ _____
October \$ _____
November \$ _____
December \$ _____

Comment Section

(Attach a separate sheet if more space is needed.)

I hereby certify that all information provided on this form, and any related documentation, is true and complete to the best of my knowledge and belief.

Student's Signature

Date

FOR OFFICE USE ONLY

____ Approved ____ Denied ____ Additional Information Required

Director, Office of Financial Aid

Date