



Financial Aid Office  
**Beaufort County Community College**  
 5337 US Hwy 264 East, Washington, NC 27889  
 252-940-6222

**Form 9**

**2018-2019 Marital Status Confirmation**

Student Name \_\_\_\_\_ Student I.D. \_\_\_\_\_  
Print Name

**Check the box for the marital status that relates to (you or your parent if you are a dependent student):**

Parent \_\_\_\_\_  Student \_\_\_\_\_  
Print Name Print Name

Widowed  
 Please provide the month and year of death \_\_\_\_\_, \_\_\_\_\_.

Married  
 Please provide the full date of marriage \_\_\_\_/\_\_\_\_/\_\_\_\_.

Divorced  
 Please provide the month and year divorce was finalized \_\_\_\_\_, \_\_\_\_\_.

Separated  
 Please complete the following: I, \_\_\_\_\_ am separated from my  
 spouse \_\_\_\_\_ since \_\_\_\_\_, \_\_\_\_\_.  
Print name month year

We are no longer residing together at the same residence.

My address is \_\_\_\_\_

My spouse's address is \_\_\_\_\_

**Certification**

I certify that this information is true and correct to the best of my knowledge and belief. If asked, I agree to provide additional proof of the information provided on this form. I authorize Beaufort County Community College's Financial Aid Office to make corrections, if necessary, to my original and/or subsequent application(s) based on the documents that I am

**Warning: If you purposefully give false or misleading information, you may be fined, sentenced to jail or both**

now submitting.

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

\_\_\_\_\_  
 Parent Signature (If Student is Dependent) Date