

Sandburg Financial Aid
 2400 Tom L. Wilson Blvd
 Galesburg, IL 61401
 Phone: 309.341.5283
 Fax: 309.344.2529



**CARL
 SANDBURG
 COLLEGE™**
 www.sandburg.edu

2018-2019 Student's Marital Status

Student's Name _____

Student ID# _____ Last 4 SSN# xxx-xx- _____

Please complete the information below to confirm that your reported marital status is accurate.

As of the day you filed the FAFSA, what was your marital status?

- | | |
|--|---|
| <input type="checkbox"/> Never Married
<input type="checkbox"/> Unmarried and living together | <input type="checkbox"/> Married or remarried
<input type="checkbox"/> Divorced or separated
<input type="checkbox"/> Widowed |
|--|---|

Date you were married, remarried, separated, divorced or widowed. _____

Household Information: List the people that you (and your spouse, if you are married) will support between July 1, 2018 and June 30, 2019. Include:

(A). Yourself and, if married, your spouse.

(B). Your children as identified with instructions on back of form.

(C). Other people only if they now live with you and get more than half of their support from you (and spouse), **AND** will continue to get this support from July 1, 2018 through June 30, 2019. **If you need more space attach a separate page.**

Full Name	Age	Relationship to Student	Name of College if Attending

I certify the information provided above is true and complete.

Signature _____ Date _____