



ATTN: FTP	CCBC: Dundalk Campus Financial Aid Office 7200 Sollers Point Road Baltimore, MD 21222	https://tinyurl.com/yrf5h54d
		FAX: 410-840-2824
DO NOT CALL TO CONFIRM RECEIPT! Allow 24-48 business hours for login, then view status of all forms online via SIMON account (https://simon.ccbcmd.edu)		

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Financial Aid Office
MARST2

2024 – 2025: Marital Status Worksheet (DEPENDENT STUDENTS)**see reverse if you are independent**

Complete the following and attach documentation to verify current marital status of your parent(s).

Student Name		CCBC ID
Section A:		
A1. Are both of your biological/adoptive parents currently married to each other?		
<input type="checkbox"/> Yes ⇒	Date of Marriage: _____	📎 Attach Marriage Certificate (SKIP TO SECTION C)
<input type="checkbox"/> No ⇒	A2. Do they live together?	<input type="checkbox"/> Yes, they live together (SKIP TO SECTION C) <input type="checkbox"/> No, they do not live together (COMPLETE SECTION B)
Section B:		
B1. List the name and date of birth of your biological/adoptive parent who provides the majority of your financial support:		
NAME: _____		DOB: _____
NOTE: If neither of your parents provides the majority of your financial support, list the name/DOB of your parent with the greater income/assets above.		
B2. Has the above-listed parent <i>ever</i> been married (to <i>anyone</i>)?		
<input type="checkbox"/> No, my parent has never been married. (SKIP TO SECTION C)		<input type="checkbox"/> Yes, my parent is/was married. (CONTINUE TO B3 BELOW)
B3. What is the above-listed parent's <i>current</i> marital status?		
<input type="checkbox"/> Separated (legally married, living separately from legal spouse)	Date of Separation: _____	📎 Attach recent, dated proofs of address for each spouse
<input type="checkbox"/> Legally Divorced (from student's parent OR former stepparent)	Date of Divorce: _____	📎 Attach Divorce Decree
<input type="checkbox"/> Married (to student's stepparent)	Date of Marriage: _____	📎 Attach Marriage Certificate
<input type="checkbox"/> Widowed (from student's parent or stepparent)	Date Widowed: _____	📎 Attach Death Certificate
B4. List the full name and date of birth of parent's spouse or former spouse:		
NAME: _____		DOB: _____
Section C:		
C1. Check each item below to indicate that you understand:		
<input type="checkbox"/> The above information is accurate as it relates to my parent(s)' current/most recent marital status (to include stepparents).		
<input type="checkbox"/> I have attached documentation of my parent(s)' current/most recent marital status (to include stepparents). If my parent has never been married OR my parents are unmarried, but living together, I understand I DO NOT have to submit supporting documentation.		
Student's Signature: _____	Date: _____	
Parent's Signature: _____	Date: _____	
Warning: Each person signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Please allow at least 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates. All documents must be submitted by the last day of the semester. Financial aid awards are subject to change pending verification.		



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2024 – 2025: Marital Status Worksheet (INDEPENDENT STUDENTS)**see reverse if you are dependent**Complete the following and attach documentation to verify your (the student's) current marital status

Student Name	CCBC ID	
Section A:		
A1. Have you (the student) ever been married?		
<input type="checkbox"/> No, I am single and have <i>never</i> been married. (SKIP TO SECTION B)	<input type="checkbox"/> Yes, I am now or have previously been married. (CONTINUE TO A2 BELOW)	
A2. What is your (the student's) current marital status?		
<input type="checkbox"/> Separated (legally married, living separately from legal spouse)	Date of Separation: _____	Attach recent, dated proofs of address for each spouse
<input type="checkbox"/> Legally Divorced	Date of Divorce: _____	Attach Divorce Decree
<input type="checkbox"/> Married	Date of Marriage: _____	Attach Marriage Certificate
<input type="checkbox"/> Widowed	Date Widowed: _____	Attach Death Certificate
A3. List the full name and date of birth of spouse or former spouse:		
NAME: _____		DOB: _____
Section B:		
B1. Check each item below to indicate that you understand:		
<input type="checkbox"/> The above information is accurate as it relates to my current/most recent marital status.		
<input type="checkbox"/> I have attached documentation of my current/most recent marital status. If I am single and have never been married, I understand I DO NOT have to submit supporting documentation.		
Student's Signature: _____	Date: _____	
Warning: Each person signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Please allow at least 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates. All documents must be submitted by the last day of the semester. Financial aid awards are subject to change pending verification.		