WEST CHESTER UNIVERSITY

2016-2017
MARITAL STATUS FORM

Fill out electronically or print clearly in ink and sign where indicated. Failure to complete all fields below may delay the disbursement of your financial aid funds.

Student's First Name: _____ Student's Last Name _____

WCU ID #:_____

To be completed by: ☐ Independent Student ☐ Parent (custodial) of the above Dependent Student

I certify that my current marital status on the date that I completed the FAFSA is:
Check only ONE answer below

Marital Status:
☐Never Married

☐Living Together   Partner:_____
(Never Married)   **Note:** Biological/adoptive parents not married or are divorced and living at
                       the same address must combine income taxes on the FAFSA!

☐Married   Spouse's name:_____   Date of marriage_____

☐Remarried   Spouse's name:_____   Date of marriage_____

☐Divorced   Ex-Spouse's name:_____   Date of divorce_____

☐Widowed   Spouse's name:_____   As of:_____

☐Separated   Spouse's name:_____   Date of separation:_____

                        Spouse's current address:
                        _____
                        _____

        **If separated attach one of the following:
        1. Copy of any court documents showing (pending) divorce, attesting to Legal Separation, Maintenance agreement or property settlement, or Protection from Abuse (PFA) order **OR**
        2. A notarized letter from a neutral 3rd party attesting to your separation with attester's full name, address, relationship, explanation of the separation, signature and date.
        Note: If you have been separated for two or more years and are still filing taxes as "Married Filing Jointly" submit at least two of the above documents. WCU reserves the right to treat you (or your parents) as Married on the FAFSA.

Your financial aid application will remain incomplete pending receipt of this form with the attachments. Please submit any additional documents at once to accompany this form.

By signing this form I/WE certify that all information is correct. *Purposely providing false information is a felony punishable by fine, imprisonment, or both.*

Student Signature_____   Date_____

Custodial Parent Signature (if dependent)_____   Date_____

Please return all documents by email or mail.
Mailing Address: 030 Kershner Student Service Center, 25 University Ave, West Chester, PA 19383
Email: finaid@wcupa.edu
Please note: we will no longer accept fax documents.