

2019-2020 MARITAL STATUS FORM

Contact Information
P: 610-436-2627
E: finaid@wcupa.edu
www.wcupa.edu/finaid

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: WCU ID #:		Student's Last Name
To be completed by:	☐ Independent Student	☐ Parent (custodial) of the above Dependent Student
	the custodial parent. I certify the	ether, this form is to be completed by the custodial parent and reflect the hat my current marital status on the date that I completed the FAFSA is:
Marital Status: ☐ Never Married		
☐ Living Together (Never Married)	Partner:	not married or are divorced and living at
□Married	Spouse's name:	Date of marriage
Remarried	Spouse's name:	Date of marriage
\square Widowed	Spouse's name:	As of
□ Divorced	Spouse's name:	As of:
Ex-spouse current addr	ress	
□Separated	Spouse's name:	Date of separation:
Spouse's current addre	ss:	
property se 2. A notarized explanation Note : If you hav	y court documents showing (peattlement, or Protection from Ald letter from a neutral 3 rd party in of the separation, signature and been separated for two or markets.	attesting to your separation with attester's full name, address, relationship,
Your financial aid application documents at once to ac		nding receipt of this form with the attachments. Please submit any additiona
By signing this form I/Wi imprisonment, or both.	E certify that all information is c	correct. Purposely providing false information is a felony punishable by fine,
Student Signature		Date
Custodial Parent Signati	ure (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