



Financial Aid
1530 W. 17th St.
Santa Ana, CA 92706

2024-2025

Name of Financial Aid Applicant (Please print)		
_____	_____	_____
Last	First	Middle
Student ID Number: _____		

Marital Status Confirmation—Dependent

The Central Processing System (CPS) has received your FAFSA; however, the following information was either missing or not confirmed. We need to know the marital status of the parent(s) who are listed on the FAFSA, as well as the names and relationships of those in the parent's household. If your parents are divorced and the parent who you listed on the FAFSA is (or was) remarried, please list the name of your stepmother or stepfather.

Note to parents: You must designate yourself as Parent 1 or Parent 2 in accordance with how you filled out the FAFSA.

Parent 1 Name:		
_____	_____	_____
Last Name	First Name	Middle Name
Parent 2 Name:		
_____	_____	_____
Last Name	First Name	Middle Name
Parent's marital status as of the FAFSA completion date (check one only):		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried, but living together		
Effective date of the above marital status: _____ / _____ / _____		
MM DD YYYY		
Full Name	Age	Relationship to Parent

WE HEREBY CERTIFY that to the best of our knowledge, all of the information provided is true and complete.

Parent 1 Signature _____	Date _____	Parent 2 Signature (if Married, or living together) _____	Date _____
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It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: financial_aid@sac.edu, 714-564-6242 for needed accommodations or alternate formats.