

Statement of Separation

| Student Name: | Student II |): | |
|---|---------------------|-----------------------|------|
| Address: | City: | | |
| State: | Zip: | | |
| I, the undersigned, do affirm that my spo receiving financial spousal support from reported this information. | | | |
| Date of separation status | | | |
| Date divorce decree will be official | | | |
| Are you receiving child support? YES | 8 | NO | |
| Separated spouse information <u>NOT</u> used | for FAFSA income: | | |
| Name: | | | |
| Address: | City: | State: | Zip: |
| Each person signing this worksheet certifies that a purposely give false or misleading information on | | | |
| Parent Signature: | | Date: | |
| Sworn to before me this day of | | , 20 | |
| Notary Seal | Notary Public | Signature on Expires/ | / |
| Ra | arton Financial Aid | l Office | |

Barton Community College | 245 NE 30th Road | Great Bend, KS 67530 US

(866) 257-2574 | financialaid@bartonccc.edu

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