FINANCIAL
AID OFFICE

1537 University blvd.
Morrilton, AR 72110

(501) 977-2055
financialaid@
uaccm.edu

www.uaccm.edu

PROOF OF MARITAL STATUS

Name: _____ **Student ID No.:** _____
(Last Name) (First Name)

Additional information regarding your marital status is needed. Before your eligibility for federal and state financial assistance can be determined, this form must be completed and returned with all required documents.

Current Marital Status (please mark one):

☐ Never Married
☐ Married (Attach a copy of the marriage license or certificate.)
☐ Separated* (Attach detailed legal documentation or statement from your attorney or separate monthly utility or telephone bills for you and separate spouse.)
☐ Divorced (Attach a copy of the final court ordered divorce decree.)
☐ Widowed (Attach a copy of a death certificate, obituary, or other proof.)

*The status of separated is allowable for one year only. After that period, spouse income information must be included on FAFSA, or a divorce must be documented.

If separated, provide a brief description of the situation and why Legal separation/ divorce has not been initiated.

_____

_____

_____

_____

Effective Date for the Marital Status Listed Above: _____ / _____
(month) (year)

I certify by signing below that all the information reported is complete and correct.

Signature: _____ **Date:** _____
(Student)