

ANGELINA COLLEGE
FINANCIAL AID OFFICE
VERIFICATION OF DIVORCE OR SEPARATION
YEAR 2010 - 2011

STUDENT NAME

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE

ZIP

PHONE NO.

SECTION I: YOU MUST COMPLETE ALL THE QUESTIONS IN THIS SECTION

CHECK ONE:

STUDENT/PARENT IS: DIVORCED _____ SEPARATED _____

IF YOU CHECKED DIVORCED, COMPLETE SECTION II.

IF YOU CHECKED SEPARATED, COMPLETE SECTION III.

SECTION II: COMPLETE THIS SECTION ONLY IF YOU CHECKED DIVORCED.

MAIDEN NAME (IF FEMALE) _____

WHEN WAS YOUR DIVORCE FINAL? ___/___/___

DID THE COURT AWARD YOU CHILD SUPPORT? YES _____ NO _____

IF YES, HOW MUCH WERE YOU AWARDED PER MONTH? \$ _____

WHAT DATE WAS THIS SUPPORT SUPPOSED TO START? ___/___/___

WHAT WAS THE TOTAL SUPPORT YOU ACTUALLY RECEIVED FOR
2009 ___? \$ _____

SECTION III. COMPLETE THIS SECTION ONLY IF YOU CHECKED SEPARATED.

MAIDEN NAME (IF FEMALE) _____

HAVE YOU OR YOUR SPOUSE FILED FOR DIVORCE? YES ___ NO ___

IF NO, WHEN DO YOU PLAN TO FILE? _____

IS THERE ANY MONETARY SUPPORT FROM THE SPOUSE? YES ___

NO ___

(EX) SPOUSE'S NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE NO.

SECTION IV. SIGN THIS CERTIFICATION STATEMENT BELOW:

All of the above information I have given on this form is true and complete to the best of my knowledge. If asked by an authorized individual, I agree to give proof of the information that I have provided on this form. I also understand that failure to provide such proof may result in the student not receiving financial aid.

STUDENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE