



Office of Financial Aid
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2026-2027 Statement of Marital Status Dependent Student

Student's Name: _____ Student ID: _____

1. Student's Marital Status

My marital status is: (Please check one)

_____ Single / Never Married

_____ Married / Remarried

_____ Divorced / Separated

_____ Widowed

Month and year you were married, separated, divorced, or widowed. _____ / _____
month year

2. Parent's Marital Status

Please complete the following section based on your parent's *current marital status*. "Parent" means your legal (biological and/or adoptive) parent(s) and your stepparent, if applicable. In addition, the guidelines below will outline which parent's information is needed.

- If your parents are living and legally married to each other, answer the questions about both of them.
- If your parents are living together and are not married, answer the questions about both of them.
- If your parent is widowed or was never married, answer the questions about that parent.
- If your parents are divorced or separated and don't live together, answer the questions about the parent who provided more financial support during the past 12 months or during the most recent year that you actually received support from a parent.
- If your parents are divorced but live together, you'll indicate their marital status as "Unmarried and are living together" and you'll answer the questions about both of them.
- If your parents are separated but live together, you'll indicate their marital status as "Married or Remarried," and you'll answer the questions about both of them.
- If you have a stepparent who is married to the legal parent whose information you're reporting, you must provide information about the stepparent as well.

My parent's marital status is: (Please check one.)

_____ Single / Never Married

_____ Married / Remarried

_____ Divorced / Separated

_____ Widowed

_____ Unmarried and Living Together

Month and year they were married, separated, divorced, or widowed. _____ / _____
month year

3. Student's Family Information

List the people in your family in the chart below.

Include:

- Yourself
- Your spouse, if you are married
- Your dependent children if the following are true:
 - o They live with you (or live apart because of college enrollment),
 - o They receive more than half of their support from you, and
 - o They will continue to receive more than half of their support from you during the 2025-2026 academic year.
- Other persons if the following are true:
 - o They live with you,
 - o They receive more than half of their support from you, and
 - o They will continue to receive more than half of their support from you during the 2025-2026 academic year.

If more space is needed, attach a separate page with your name and ID at the top.

Full Name	Age	Relationship to You
<i>Marty Jones (example)</i>	<i>28</i>	<i>Self</i>

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

When you have completed this form, please return it along with all requested documents to the financial aid office. You can either mail (1510 Lake Rd., Dyersburg, TN 38024), fax (731-286-3354), or drop off at any of our 3 locations.

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