

2012-2013 Stonehill Confirmation of Dislocated Worker Status

Student Name:	Stonehill ID Number:
On your FAFSA you indicated that Please check which of the following	either you, your spouse, or a parent are a dislocated worker. g describes your situation:
☐ Receiving unemployment benefireturn to a previous occupation	its due to being laid off or losing a job and is unlikely to
☐ Has been laid off or received a l	ay-off notice from a job
☐ Was self-employed but is now u	nemployed due to economic conditions or natural disaster
the family (e.g. a stay-at-home r	erally a person who previously provided unpaid services to mom or dad) is no longer supported by the husband or wife, is and having trouble finding or upgrading employment).
Please check which of the following	g applies to you or your family member:
□ Dislocated worker□ Displaced Homemaker□ I indicated dislocated worker in	n error, and none of the above conditions apply to my family
Name of the dislocated worker:	
	o student:
Dates: From To	<u></u>
_	as dislocated worker/displaced homemaker (please attach g this status, i.e unemployment statement, letter of
Student Signature/Date	Parent Signature/Date