



2019-2020 Clarification of Parents' Marital Status

Student Name: _____

Stonehill ID#: _____

Clarification is needed regarding your parents' marital status. Please complete and return this form, along with the appropriate documentation as outlined below.

Parents Not Married, Living Together

If yes, please indicate here and submit this form, along with copies of both parents' 2017 & 2018 Federal Tax Returns with schedules and W2s Yes No

Parent/Spouse Has Recently Passed Away

Date Parent/Spouse Passed Away: _____

Name of Parent/Spouse that Passed Away: _____

Please submit this form along with the following:

- Copy of death certificate, obituary, or printed program from the memorial service
- Parent (s) 2017 & 2018 federal tax returns with schedules (signed)
- Parent (s) 2017 & 2018 W2s

Parents Divorced or Separated or Remarried

Date of Divorce: _____ Date of Separation: _____

- Please provide a copy of Divorce/Separation Agreement and proof of address for both biological/legal parents (*e.g. lease, mortgage, car registration, utility bills that reflect parent name and address*).

Name and complete address of the parent (and stepparent, if applicable) that you live with more than 50% of the time:

For the above-referenced parent, Date Remarried: _____

For the **student, above-referenced parent, and stepparent** (if applicable), please submit the following documentation, along with this form:

- 2017 & 2018 Federal Tax Returns with schedules (signed)
- 2017 & 2018 W2s
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Name and complete address of the parent that you do not live with more than 50% of the time:

For *returning* students, provide a Non-Custodial Parent Statement completed and returned by the parent referenced directly above. For *new/incoming students*, a CSS Profile is required by **both** biological/legal parents - complete online at <https://cssprofile.collegeboard.org>.

Child Support received for **all** children in this household in 2017: \$ _____

Estimated/Actual Child Support Received for **all** children in this household in 2018: \$ _____

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

Please note additional information may be requested after a review of this document.

Please return within 10 days of request in PDF format to finaid@stonehill.edu (enter Stonehill ID and Student Name in subject line) or mail to Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357. Photographed documents sent via email will not be accepted.