

2025-2026 Academic Year

Student's Name (please print): ______ Student ID: _____

Your application for financial aid indicates that as of the date the FAFSA was signed you or your parents' marital status was "separated" or "divorced." To complete our process, additional documentation is required verifying that you or your parent was separated or divorced and are not receiving spousal support other than child support or alimony.

Please fill in the blank with the option corresponding to your situation and have the statement notarized.

Option 1. Separation

l,	(Print Name)	, certify that I am s	certify that I am separated from	
my spouse,	(Print Name)	as of	(Month/Year)	
(Signature o	of separated student or separated parent)		(Date)	

Option 2. Divorce

l,	(Print Name)	, certify that I am divorced from		
my spouse,	(Print Name)	as of (Month/Year)		
(Signature of divorced student or divorced parent)		(Date)		

NOTARIAL CERTIFICATE FOR ACKNOWLEDGMENT

County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

	(Name(s) of principal(s))	(Date)	
(Official Seal)	(Official Sig	gnature of Notary)	
(ometal scal)	(Notary's printed or typ	, Notary Public	
	My commission expires:		

Office of Financial Aid and Veterans Services PO Box 5041 • Monroe, NC 28111 • Fax: 704.993.2425 • Email: finaid@spcc.edu