



ICC-Financial Assistance Office
 1 College Drive
 East Peoria, IL 61635
 Phone: 309-694-5311
 Fax: 309-694-5160
 Email: financialaid@icc.edu

2018-2019 Marital Status Review Form

Student's Name: _____ ICC Student ID# _____
 Please Print

Student Marital Status - What is your current marital status? (Please check which one applies)

- I am married or remarried. Date of marriage _____
 Spouse's name and date of birth _____
- I am separated. Date of separation _____
- I am divorced. Date of divorce _____
- I am widowed. Date widowed _____
- I am single/never married.

I certify that this information is correct and will verify the accuracy of this information if needed. **WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.**

 Student Signature Date

Parent Marital Status (If Applicable) - What is your current marital status? (Please check which one applies.)

Parent Name: _____
 Please Print

- My parents are married or remarried. Date of marriage _____
 Stepparent name and date of birth _____
- My parents are separated. Date of separation _____
- My parent is divorced. Date of divorce _____
- My parent is widowed. Date widowed _____
- My parents are not married but live together.
- My parent is single/never married.

I certify that this information is correct and will verify the accuracy of this information if needed. **WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.**

It is the policy of this College that no person, on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, or veteran's status, shall be discriminated against in employment, in educational programs and activities, or in admission. Inquiries and complaints may be addressed to the Compliance Officer, Diversity Department.

 Parent of Dependent Student Signature Date