



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 _____